



**South East Coast
Ambulance Service**
NHS Foundation Trust



Trust Board Meeting to be held in public

1 October 2026

10.00-12.30

Nexus House, Crawley

Agenda

Item No.	Time	Item	Paper	Purpose	Board Lead
Board Administration & Governance					
55/26	10.00	Welcome and Apologies for absence	-	-	Chair
56/26	10.01	Declarations of interest	-	To Note	Chair
57/26	10.02	Minutes of the previous meeting: 6 August 2026	Y	Decision	Chair
58/26	10.03	Matters arising (Action log)	Y	Decision	PL
59/26	10.10	Audit & Risk Committee Report	Y	Assurance	PS
60/26	10.15	Shadow Board Feedback	Verbal	Information	KN
61/26	10.25	Chief Executive’s Report	Y	Information	JA
Strategy & Performance					
62/26	These Supporting Papers inform the areas requiring board focus that are taken as part of the relevant committee report: a) Board Assurance Framework b) Integrated Quality Report				
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS					
63/26	10.40	Finance & Investment Committee Report	Y	Assurance	KK
		M5 Finance Report			
64/26	10.55	Productivity & Efficiency / Winter Resilience Plan	Y	Assurance	JA
	11.20	Break			
Strategic Aim: We Deliver High-Quality Care					
65/26	11.30	Quality & Patient Safety Committee Report	Y	Assurance	LS
66/26	11.45	Thirlwall Inquiry	Y	Assurance	JT
Strategic Aim: Our People Enjoy Working at SECamb					
67/26	11.55	People Committee Report	Y	Assurance	HB
68/26	12.10	Workforce Race and Disability Equality Standards	Y	Assurance	SW
Closing					

69/26	12.20	Any Other Business	-	-	Chair
After the meeting is closed any questions received¹ from members of the public / observers of the meeting will be addressed.					

¹ Only questions submitted at least 24 hours in advance of the Board meeting will be taken. Please see website for further details: [Trust Board](#)



Item No: 61-26
Name of Meeting: Trust Board
Date: 1 October 2026
Name of Paper: Chief Executive's Report
This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during August and September 2026.
CEO Overview As we move out of the summer period, patient demand across our services remains high and I continue to be enormously grateful for the dedication, professionalism and compassion shown by colleagues and volunteers across SECamb. Every day, our teams are responding to increasing complexity and demand while remaining focused on delivering the best possible care to the patients and communities we serve. While we have managed significant operational pressures over recent months, we are not where we want to be in terms of some of our key performance measures. In particular, Category 2 response performance remains behind the trajectory we have set ourselves. We know this has a direct impact on patient experience and outcomes, and it also affects the confidence our wider health and care partners place in our ability to consistently deliver timely responses. Improving this performance remains a key organisational priority, and we are maintaining a relentless focus on the actions required to deliver sustained improvement. Alongside these operational challenges, we continue to work hard to improve productivity and deliver the efficiency savings required within our financial plans. While progress has been made in several areas, we remain behind where we would like to be overall. There is considerable commitment and effort being applied across the organisation to address this, and we recognise the importance of delivering both operational and financial improvement in a way that supports high-quality patient care and long-term sustainability. Against this backdrop, I am pleased that the recently published National Oversight Framework placed SECamb within Segment 2. This reflects good performance across the majority of domains assessed and recognises the progress made across a number of areas.

However, it would be complacent to view this as a destination rather than a milestone. Maintaining our position will require continued grip, focus and collective effort across all parts of the organisation, particularly in areas where we know improvement is needed.

Alongside our operational and financial priorities, we remain focused on creating a culture in which colleagues feel safe, supported and able to do their best work. The findings from our recent independent Culture Review have provided important insight into both the progress we have made and the challenges that remain. The Executive Team continues to take collective ownership of this work, using the findings to strengthen leadership accountability, improve professional standards and build greater consistency in behaviours and culture across the organisation.

We continue to make positive progress in developing our Group with South Central Ambulance Service. With Simon Ashton joining as Group Chief Executive shortly and Colin Dennis established as Group Chair, we have a strong platform from which to build on the foundations already in place. Throughout the organisation, teams from both trusts are increasingly working together to share expertise, identify opportunities for collaboration and develop approaches which will strengthen services while respecting the strengths, identities and local relationships of each Trust.

Winter Preparedness 2026/27

Preparations for winter 2026/27 are well underway, with the Trust's Winter Plan bringing together a comprehensive programme of activity to strengthen workforce resilience, protect operational performance, improve patient flow and ensure readiness for periods of increased demand.

The Plan aligns with NHS England winter planning requirements and reflects the continued implementation of the divisional operating model, strengthened local accountability arrangements and the ongoing development of virtual care services.

Planning has focused on four key areas - prevention and workforce resilience; demand and capacity management; operational and clinical pathways; and partnership working across the wider health and care system. At the centre of the approach is a commitment to ensuring that patients receive the right care, in the right place, at the right time, while maintaining the Trust's ability to respond effectively to emergency demand throughout the winter period.

A significant element of the Trust's preparations relate to workforce resilience. This includes a targeted flu vaccination programme, active management of sickness absence, support for staff wellbeing, infection prevention and control measures, and workforce planning designed to align staffing levels with forecast demand.

The Trust is also continuing to strengthen its virtual care capability as a core component of winter resilience. Ongoing development of Hear and Treat, clinical validation, clinical decision-making support and multidisciplinary working is helping to improve clinical productivity, reduce avoidable conveyance to Emergency Departments and increase use of alternative community pathways. This work is complemented by close collaboration with system partners to improve access to

services such as Same Day Emergency Care, urgent community response, virtual wards and frailty pathways.

Operational readiness arrangements have been reviewed across the organisation. This includes planning for severe weather, maintaining fleet resilience, ensuring winter equipment readiness, strengthening business continuity arrangements, and maintaining robust command, control and escalation processes. The Trust has also undertaken regional winter preparedness exercises with NHS England and continues to work closely with Integrated Care Boards, acute providers, Local Resilience Forums and other partners to ensure a coordinated system response to winter pressures.

Volunteers will continue to play an important role in supporting winter resilience. Community First Responders, Community Support Volunteers, welfare vehicles, and emerging volunteer models will provide additional flexibility and local capacity during periods of increased demand, severe weather, and significant incidents.

Alongside operational preparations, a comprehensive winter communications campaign will support public readiness and understanding. Running from October 2026 until February 2027 under the theme "People call for help, not an ambulance", the campaign will encourage communities to prepare for winter, access the most appropriate support and better understand how SECamb responds to patient need.

Communications activity will include advice on flu vaccination, prescription management, staying well during cold weather and the use of What3Words to help crews locate patients quickly. The campaign will also use patient and crew stories to provide a human perspective on service demand and will include regular messaging focused on reducing violence and aggression towards ambulance staff and supporting respect for colleagues and their families.

The Trust's annual flu vaccination campaign launches on 28 September 2026 and forms a key part of wider winter preparedness activity. Building on the success of last year, when SECamb achieved the highest uptake of flu vaccination among patient-facing colleagues of any UK ambulance trust, an extensive internal communications campaign is underway to encourage uptake amongst all eligible colleagues. External communications will reinforce these messages by encouraging vaccination and winter preparedness across the communities we serve.

The Trust will continue to monitor operational pressures, workforce resilience, demand patterns, and system performance throughout the winter period. Oversight will be provided through established governance arrangements, including the Resilience Oversight Group, Executive Management Board and Trust Board, ensuring that emerging risks are identified early and that mitigating actions can be implemented promptly to maintain safe and effective services.

Lewes Train Derailment

On 13 August 2026 we responded to the Lewes train derailment, together with a wide range of emergency service and local authority partners.

This was a complex incident which, at its peak, saw more than 50 SECAmb clinicians attend the scene, including both our Hazardous Area Response Teams and Critical Care Paramedics.

Our teams on scene were supported by more than 20 colleagues in our Emergency Operations Centre in Crawley who helped coordinate our response. My thoughts are with all those who were injured and affected.

I would like to thank everyone at SECAmb involved in the response alongside our emergency service and partner agency colleagues.

Their professionalism and teamwork ensured patients received the care they required during what was clearly a challenging incident.

Embedding our Leadership Framework, Professional Standards and Workplace Expectations

Following the publication of the independent Culture Review findings earlier this year, work continues to strengthen the behaviours, leadership standards and workplace culture that support a positive experience for colleagues across SECAmb.

While the Review provided useful independent validation and insight, its key themes align closely with areas already identified as priorities for the organisation. As a result, the focus is not on creating separate programmes of work, but on continuing to embed the Trust's Leadership Framework, Leadership Compact and refreshed Professional Standards Framework as the foundation for sustained improvement.

A consistent message emerging from both the Review and wider engagement with colleagues is that culture is shaped through everyday behaviours, interactions and decisions. As such, the Trust's ongoing approach is centred on ensuring that leadership expectations, professional standards, and organisational values are clearly understood and consistently demonstrated at every level. At our Board meeting in September, we spent time reflecting on leadership and professional standards and how we can support and role model these behaviours throughout SECAmb.

The Leadership Framework sets out what good leadership looks like at SECAmb and establishes clear expectations around accountability, compassion, inclusion, integrity, curiosity and collaboration. Through leadership development, appraisal processes, and organisational development activity, continued emphasis is being placed on ensuring these behaviours are visible and experienced consistently by colleagues across all parts of the organisation.

Alongside this work, there is a renewed focus on professional standards and the importance of maintaining safe, respectful, and professional working environments. This includes reinforcing expectations around conduct, professional boundaries, speaking up, safeguarding, and the appropriate use of influence and authority.

One area identified as requiring greater clarity is the Trust's approach to workplace relationships. SECAMB has always valued the strong sense of community that exists across the organisation, and positive workplace relationships remain an important part of supporting teamwork and wellbeing. However, there is a growing recognition of the need to ensure that personal relationships, professional boundaries and potential conflicts of interest are understood and managed appropriately, particularly where there may be actual or perceived power imbalances.

Work is therefore underway to provide greater clarity regarding expectations, responsibilities, and standards relating to workplace relationships. The aim is not to discourage personal connections between colleagues, but to ensure that decisions are made transparently, professional boundaries are maintained and all colleagues can have confidence that opportunities, decisions and workplace experiences are fair and free from inappropriate influence.

Over the coming months, the Trust will continue to strengthen leadership accountability, embed the Leadership Framework and Professional Standards Framework, improve confidence in speaking up processes, maintain a strong focus on safeguarding and ensure expectations regarding workplace relationships and conflicts of interest are clearly understood. Progress will continue to be monitored through existing governance arrangements, including the People Committee and Board.

Thirlwall Inquiry Report

On 15 September 2026, the final report of the Thirlwall Inquiry was published, setting out the findings of the independent public inquiry established to examine the events at the Countess of Chester Hospital and making 17 recommendations for healthcare organisations and the wider NHS.

We recognise the significance of this report and the deeply distressing events that led to its establishment. The deaths and harm suffered by babies, and the devastating impact on their families, remain at the heart of the Inquiry's findings. The report contains important lessons for all healthcare organisations, with a particular focus on patient safety, organisational culture, leadership, safeguarding, governance, accountability, and ensuring concerns are raised, heard and acted upon.

Following publication of the report, we have started a detailed review of the findings and recommendations to assess their relevance to SECAMB and identify any actions required to further strengthen our existing arrangements. We are taking the findings seriously and are committed to ensuring that all recommendations applicable to the Trust are fully considered and progressed through the appropriate governance processes.

We recognise that a strong safety culture depends on colleagues feeling confident to raise concerns and knowing that those concerns will be listened to, considered fairly and acted upon appropriately. As our review progresses, we will provide updates through our governance arrangements and to the Board on any

recommendations, actions or learning relevant to SECamb arising from the Inquiry.

We remain committed to ensuring that patients, families, and colleagues remain at the centre of our approach to safety, quality, learning, and continuous improvement.

Engagement

Over the past two months, I have continued to prioritise spending time with colleagues across the organisation, listening to their experiences, understanding the challenges they face, and celebrating the exceptional work they do every day. These opportunities remain invaluable in helping me stay connected to our frontline services and ensuring that our priorities continue to reflect the needs of our people and patients.

During August and September, I visited a number of our operational sites and teams, including hub visits to Brighton, Banstead and Ashford. These visits provided valuable opportunities to spend time with colleagues in their working environments, gain a better understanding of local challenges and successes, and hear directly about the improvements that matter most to them. I also took part in a 111 call shadowing session, which offered useful insight into the experiences of our call handling teams and the important role they play in delivering timely care and support to patients.

I was pleased to continue our Connect with the Chief programme, meeting colleagues from the Digital Directorate and at Medway. These sessions continue to provide open and honest discussions about a wide range of topics and give colleagues the opportunity to share ideas, raise concerns, and ask questions directly. I am grateful to everyone who has taken the time to participate.

Alongside my engagement with colleagues, I have continued to represent SECamb at a range of system-wide and national events. Earlier this month, we were pleased to host a visit from the national GIRFT – Getting it Right First Time - team to Nexus House and I also attended the Surrey & Sussex ICB Commissioning and Winter Planning Event in Gatwick, where partners came together to prepare for the challenges and demands of the coming period.

Through all of these engagements, I continue to be impressed by the professionalism, commitment, and dedication shown by colleagues across the organisation. Thank you to everyone who has taken the time to share their views, experiences, and ideas.

Equality, Diversity & Inclusion (EDI) Awareness

Throughout August and September, our communications marked a range of awareness days and community events to recognise the people, cultures and experiences represented across our workforce and the communities we serve.

Coverage included Margate Pride, VJ Day and Emergency Services Day, alongside World Suicide Prevention Day, World Patient Safety Day and World Pharmacists Day. We also marked Rosh Hashanah and Yom Kippur and

highlighted the importance of accessible communication on the International Day of Sign Languages.

Together, these campaigns provided opportunities to celebrate colleagues' contributions, recognise significant cultural and historical occasions, and promote understanding of how different experiences can shape people's interactions with our services.

Restart a Heart

October's Restart a Heart campaign will focus on tackling the gender gap in bystander CPR, following research by St John Ambulance showing that 23% of people would be less likely to perform CPR on a woman – a key area that, as a Trust, we have been prioritising.

Across 16 and 17 October 2026, SECamb will host its first-ever CPRathon, bringing together colleagues, partner organisations and local communities to raise awareness of the issue and teach life-saving CPR skills.

The Trust will also launch its Bra Off, Pads On campaign during the month, supported by patient stories and campaign-branded ambulance wraps, to increase awareness of the importance of early intervention for women experiencing cardiac arrest.

Throughout October, the Community Resilience Team and local operational units will deliver CPR and defibrillator training to schools, workplaces and community groups, helping to build confidence and resilience across local communities.

NHS Staff Survey 2026

The 2026 NHS Staff Survey launched on 9 September and remains open until 27 November. Building on our strongest ever survey performance in 2025, our objective is to maintain high levels of participation, ensuring that staff voices from across the Trust are represented.

Our approach this year reflects the successful model used previously, with a strong emphasis on local leadership, manager-led engagement and divisional ownership, supported by communications resources, participation dashboards and regular progress reporting. This approach recognises that meaningful participation is driven through local conversations and visible leadership.

High-level survey results are expected in December 2026, with full national publication in spring 2027. A further update, including participation rates and emerging findings, will be provided to the Board as results become available.

Collaboration with South Central Ambulance Service (SCAS) - Group Working Update

Preparations continue for the next phase of the SECamb and SCAS Group journey, with Simon Ashton due to join the organisations as Group Chief Executive on 5 October 2026. Ahead of formally taking up post, Simon has already spent time meeting colleagues across SECamb and SCAS, visiting teams and beginning to build relationships across both organisations. This early engagement has been

welcomed and has helped establish a strong foundation for the next stage of the programme.

To support the transition, interim leadership arrangements have been agreed for an initial period of six months from 5 October. Under these arrangements, I and Stuart Rees at SCAS will continue to lead our respective Trusts as Interim Managing Directors, reporting to Simon as Group Chief Executive. Together, we will work as a single leadership team, ensuring both organisations remain focused on delivering their operational priorities while continuing to develop plans for the future Group.

Collaboration between SECamb and SCAS continues to strengthen at all levels of both organisations. Alongside the major cross-Trust programmes already underway, including the implementation of a shared Computer Aided Dispatch (CAD) platform and the development of new Models of Care, teams are increasingly working together across a range of corporate, operational and clinical areas. This growing collaboration is helping both Trusts to share learning, build capability and identify opportunities to improve services for patients and support for colleagues.

A further positive milestone was the second joint meeting of the SECamb and SCAS Senior Leadership Teams on 14 September, which brought leaders from both organisations together to review progress, strengthen relationships and discuss shared priorities. The session demonstrated the continued commitment across both Trusts to working collaboratively and developing a common approach to the opportunities and challenges ahead.

Work is also continuing to develop proposals for the future Group operating model, leadership arrangements and governance framework. Engagement with colleagues, staff representatives, governors, partners and other stakeholders will remain central to this process over the coming months, ensuring that plans continue to be shaped by a broad range of perspectives and experience.

Throughout this period, the priority remains delivering safe, high-quality care for patients while supporting our people. The progress being made through joint working, combined with the strong commitment from colleagues across both organisations, continues to provide confidence that the Group is well positioned to deliver benefits for patients, staff and the communities we serve.



South East Coast
Ambulance Service
NHS Foundation Trust



2026-2027 Board Assurance Framework

VERSION 1.0

Last updated: 21 September 2026





2024-2029 STRATEGY, VALUES & COMMITMENTS



Our Vision

To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients

Our Purpose

**Saving Lives,
Serving Our Communities**

Our Strategic Aims



Delivering High Quality Care

We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.



Our People Enjoy Working at SECamb

We strive to make SECamb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.



We are a Sustainable Partner

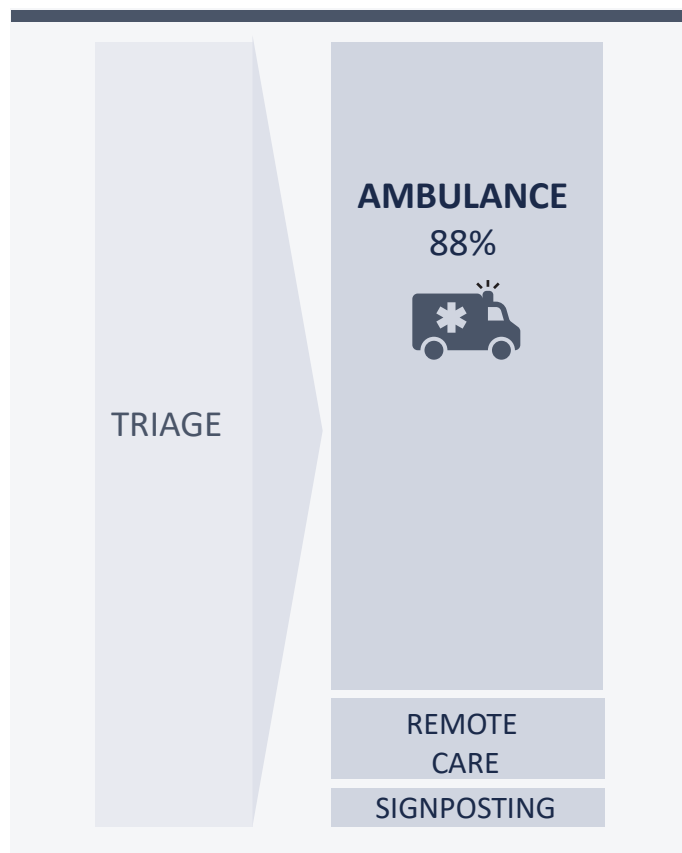
We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.



Our Strategy 2024-2029

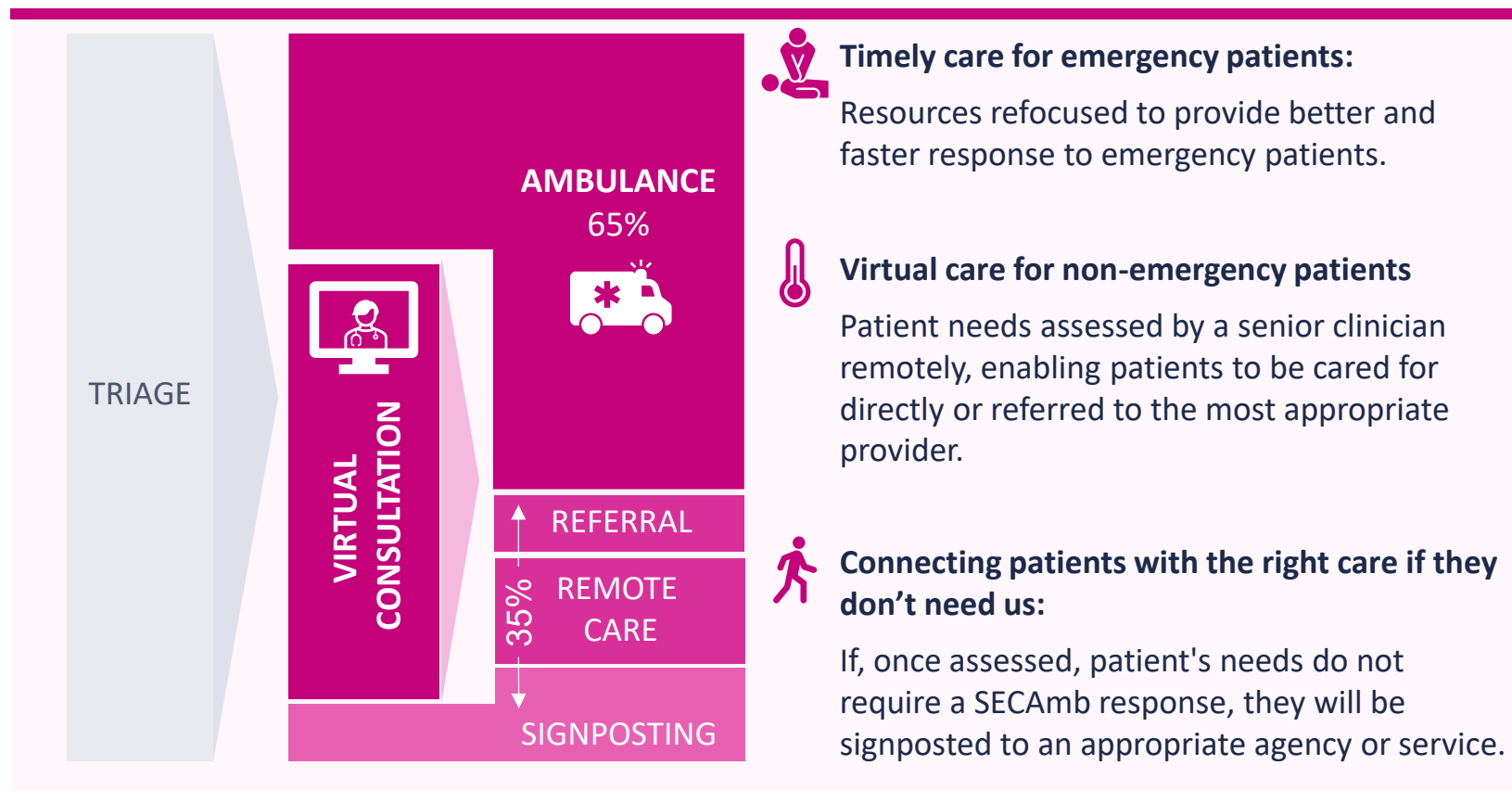
Now

We have the same response for most of our patients - we send an ambulance.



Future

We will provide a different response according to patient need.



Our Strategic Commitments

The Trust's priorities are aligned with three strategic aims, which help frame each meeting agenda of the Trust Board. Taken together with the related risks and sections of the Integrated Quality Report (IQR), the BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims.

Our Vision Saving Lives, Serving Our Communities

What this means for our patients, people and partners:

We deliver high quality
patient care

Our people enjoy working
at SECamb

We are a sustainable partner
as part of an integrated NHS

Our strategic commitments to direct how we will change:

1

We will provide
early and effective
triage of patient
need

2

We will provide
timely and
standardised care
for emergency
patients

3

We will respond to
our non-emergency
patients virtually

4

We will create an
inclusive and
compassionate
environment where
our people are happy

5

We will invest in our
people's careers to
better meet patient
needs

6

We will become a
sustainable and
productive
organisation

7

We will collaborate
with our partners to
establish our role as
a UEC system leader

Our values

At SECAmb, our values are more than just words - they are the principles that guide our actions and influence how we behave, both internally among our teams and externally in how we deliver our services.

They shape how we want people to experience our organisation, ensuring that every interaction reflects the high standards we uphold. Our commitment to these values fosters a positive, fair, and equitable culture, essential for delivering outstanding patient care and creating a supportive workplace.

We advocate with **courage**, serve with **kindness**, and uphold **integrity** for **exceptional healthcare**.



Kindness

Being Compassionate, Caring, and Respectful Towards Others

At the heart of SECAmb, kindness defines our approach to care. We are committed to being compassionate and respectful in every interaction, ensuring that every patient, colleague, and community member feels valued and supported.

Courage

Standing Up for What Is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care

At SECAmb, courage is fundamental to delivering exceptional care. It means standing up for what is right, advocating for fair treatment, and striving for excellence in patient care.

Integrity:

Being Accountable, Honest, and Doing the Right Thing

Integrity underpins every aspect of SECAmb, ensuring we act with honesty and transparency. We are committed to making fair and ethical decisions, maintaining consistency in our practices. By embedding integrity in all we do, we uphold the highest standards of care and build trust with everyone we serve.





2026-2027 CONTEXT & PRIORITIES



Strategic Context 2026/27

2026/27 is a year of transition for the Trust. Over the past two years, SECAmb has undertaken significant organisational change - moving to a divisional operating model, progressing new models of care for falls and frailty, end of life care and reversible cardiac arrest, redesigning its approach to virtual care, and restructuring corporate and clinical functions. The priority for the year ahead is to safely embed the changes already made, maintain strong frontline services, and continue to progress the strategic and operational priorities that will shape the Trust's future.

The environment in which we are operating remains challenging, with sustained performance and financial pressures. This framework is designed to reflect that reality - ambitious in what it sets out to achieve, but grounded in what the organisation can credibly deliver.

Our 15 priorities

This year's framework contains 15 priorities spanning strategic transformation, operational delivery and organisational development - from continuing to lead improvements in cardiac arrest survivability where we leading on positive outcomes for patients across England, to strengthening the Trust's long-term sustainability by establishing a South-East Ambulance Group vision with our colleagues in SCAS.

Each priority is mapped to one of the Trust's three strategic aims and is supported by a defined outcome statement, delivery milestones and assurance mechanism.



Cross-cutting themes

Three themes shape the approach across this framework - embedded as lenses through which priorities are developed, monitored and assured.

Equity, inclusion and patient voice

The voice of patients and communities is central to how the Trust designs and delivers its services. Equity of access, equity of outcome and inclusion are addressed within each pillar, with progress monitored through the Integrated Quality Report, enabling the Board to hold the organisation to account for equitable service delivery and workforce inclusion.

Organisational resilience

Organisational resilience is reflected across each pillar, from embedding governance structures that connect the Board to the frontline, to maintaining clinical safety through transition, to ensuring the Trust has the workforce capability, operational capacity and sustainable infrastructure to deliver.

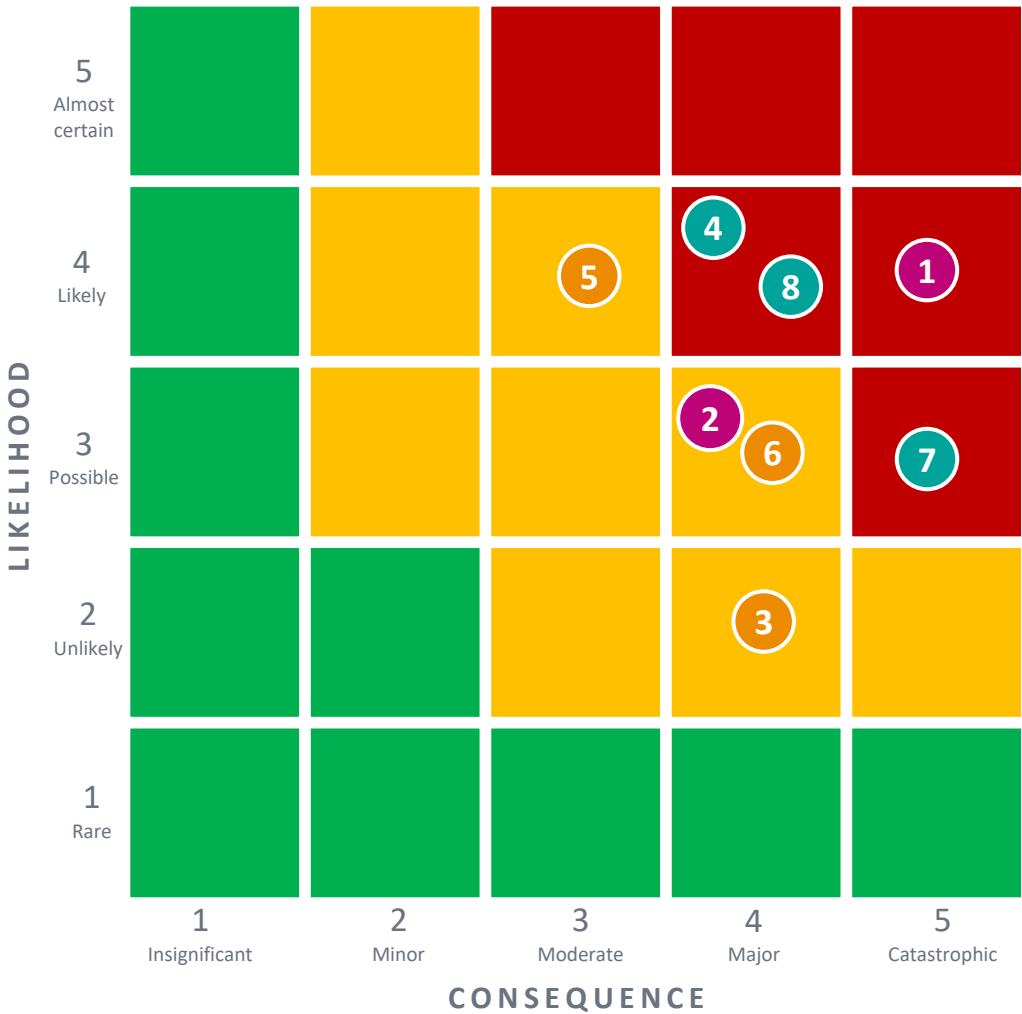
Quality governance

The BAF is a critical component of the Trust's Quality Management System - the mechanism through which the Board sets standards, monitors performance and assures itself that risks are being effectively managed. Embedding quality governance that empowers divisions to deliver safe, high-quality care is itself a priority within this framework.

Using this framework. The first section details the key Board risks, followed by assurance from our transformational priorities. Each pillar section sets out **outcomes, quarterly milestones and key performance indicators, and programmes of work reports**. The last sections include the Operating Model and statutory compliance requirements. The Board receives progress reports on a bi-monthly basis.

Strategic Risk Heat Map

LIKELIHOOD AND CONSEQUENCE MATRIX



RISK KEY & NAME		SCORE	PROXIMITY	APPETITE
1	Virtual Care Model Delivery	20	Immediate	Outside appetite
2	System Engagement, Pathways of Care, and Left-Shift	12	Near-term	Within Appetite
3	Implementation of Organisational Restructure	8	Near-term	Within Appetite
4	Cost Improvement	16	Near-term	Outside appetite
5	Leadership Resilience through Group Transition	12	Immediate	Within Tolerance
6	People Function Capability & Stability	12	Near-term	Within tolerance
7	Cyber Resilience	15	Near-term	Outside appetite
8	Digital Function Capability & Stability	16	Near-term	Outside appetite

Risk Definitions

RISK APPETITE LEVELS					
Scale	Definition	Tolerance for uncertainty	Within appetite	Within tolerance	Outside appetite
Averse	Avoidance of risk and uncertainty is a key objective	Very low	1-6	8-9	10-25
Cautious	Preference for safe options that have a low degree of residual risk	Limited	1-9	10-12	15-25
Open	Willing to consider all options and choose one that is most likely to result in successful delivery	Some degree of uncertainty can be expected	1-12	15	16-25
Eager	Eager to be innovative and to choose options to maximise opportunities and potential benefit even if these carry risk	Completely expected	1-16	20	25

RISK PROXIMITY

How soon is the risk expected to materialise?

1. Immediate

Risk is about to occur or is expected within 3 months
2. Near-term

Risk expected within 3 to 6 months
3. Medium-term

Risk expected within 6 to 12 months
4. Long-term

Risk not likely to occur within the next year



We Deliver High Quality Patient Care

WE DELIVER HIGH QUALITY PATIENT CARE

2024-2029 STRATEGY OUTCOMES

- We will provide virtual consultation for 55% of our patients.
- We will answer 999 calls within 5 seconds (mean).
- We will deliver the national standards for Category 1 and 2 calls, including mean and 90th centile response time targets.
- We will increase cardiac arrest survival outcomes by 5%
- We will reduce the time to specialist treatment for patients having a stroke.
- In partnership with South Central Ambulance Service, we will harmonise clinical practice and care delivery to reduce unwarranted variation and health inequalities in our areas.

2026-2027 IQR METRICS

- H&T rate
- C2 mean
- UCR acceptance rate
- Handover delays
- Cardiac arrest survival rate
- Patient safety incidents
- Patient Safety Incident Investigations (PSII)
- Complaints
- Call-answer time

2026-2027 – STRATEGIC TRANSFORMATION PLAN

- **Enable more patients to receive care virtually, ensuring they get the right response first time** - underpinned by strengthened digital capability [see Pillar 3] and a new virtual care operating model.
 - **Productivity and Impact:** Deliver early opportunities within the virtual care model by Q2 to drive improvement against the H&T 21.5% target [see Pillar 3], ahead of full model implementation.
 - **Virtual Care Operating Model:** Finalise the virtual care Target Operating Model and medium-term implementation roadmap, with full implementation commencing by Q3.
- **Deliver our priority models of care**, improving clinical standards and outcomes measurements - positioning SECamb as the system's trusted assessor and care navigator.
 - **Priority Pathways:** Agree three focused urgent and emergency care pathways with system partners by Q1, with coordinated delivery commencing by Q2.
 - **Delivery and Improvement:** By Q3, minimise unnecessary variation in chosen pathways and improve outcome reporting to measure impact to support the left-shift, aligning where possible with emerging neighbourhood priorities (frailty, care homes, end of life and homebound). In particular, collaborate with commissioners and SCAS to establish a consistent method for evaluating pathway effectiveness across the region.

2026-2027 – OPERATING PLAN

- Improve **cardiac arrest 30-day survival** by 1% and reduce variation in outcomes, targeting improvement the bottom 20-decile geographies by Q4, including expanding volunteer capability and outreach.
- Develop and embed a **Quality Governance Blueprint** by Q4, standardising proactive quality ownership and assurance at all levels, including new divisional structures [see Pillar 2], and ensuring patient-to-board connectivity.
- Embed the **voice of patients and communities** into how we design and deliver services by establishing divisionally aligned engagement forums and harnessing existing system mechanisms by Q2, increasing reach across underrepresented groups by 10% by Q4 - evidenced through demographic monitoring.

OPERATING PLAN PRIORITIES

WE DELIVER HIGH QUALITY PATIENT CARE

Programmes	Delivery Confidence	What?	So what?	What next?
Divisionally Aligned Community Engagement Forums		- In Q1, one Trust wide community forum was held which generated several ideas for improvement that are being progressed. Patient involvement in QAEVs was piloted, a patient representative now sits on the IPC subgroup, and patient engagement insight has supported STEMI audit. - Baseline data has been identified to increase reach in 16-44 years olds and ethnic minority communities by 10% by Q4.	- Feedback from the community forum is directly informing improvement work across the Trust. - Patients are beginning to be represented on key governance groups, embedding the voice of patients and public in everything we do. - KPIs and an associated action plan for increasing reach across underrepresented groups by 10% by Q4 has been developed.	- Recruit Patient Safety Partners (PSPs) and embed patient voice in governance. - Launch SMS Patient Experience Questionnaire. - Targeted community engagement events. - Partnership working with EDI, VCSE's community organisations and universities. - Demonstrate impact.
Develop & Embed a Quality Governance Blueprint		- The QMS Blueprint has been approved by EMB. A plan for transitioning from a conceptual framework to an embedded way of working is currently being developed for Q3/Q4. - This includes aligning Divisional Governance, Business Planning and PMO to the QMS.	- A whole organisation approach to quality management has been agreed to reduce silo working, inconsistency and duplication, supporting more effective and efficient delivery of the Trust strategy. - This now needs to be rolled out and tested in Q3/Q4 for embedding across the Trust in 2027/28.	- Align Divisional Governance, Business Planning and PMO to the QMS. - Continue divisional engagement and identify other opportunities for alignment. - Develop measures to demonstrate benefits following rollout.
Cardiac Arrest 30 Day Survival Improvements		- Support resources for relatives and bystanders affected by cardiac arrest have been introduced. - Updated telephone CPR pathways went live in April. - Clinical leadership restructure is progressing.	- New resources recognise and support those affected by witnessing or responding to a cardiac arrest. - Updated guidance encourages callers to begin CPR immediately where the patient is found, rather than delaying intervention by moving them to the floor.	- The Outcome Improvement Board continues to oversee delivery. - From September, dedicated clinical leadership will be established to provide greater focus and accountability.



Pathways of Care Programme

Executive Sponsor: **Richard Quirk**
Senior Responsible Owner: **Michael Bradfield**
Programme Manager: **Katie Spendiff**

Version 1.0 – Last updated 18 September 2026

PATHWAYS OF CARE PROGRAMME REPORT

Programme aim: *Implement and embed the Pathways of Care to deliver a scalable clinical operating model that protects emergency response, enables virtual urgent care, and realises the Trust’s clinical strategic transformation benefits.*

ASSURANCE STATEMENT Programme remains on track with most of the core milestones being delivered to date across Falls, Mental Health and End of Life Care workstreams, with governance, reporting and ACL resource arrangements now established. The appointment of the remaining two divisional clinical director posts by Q3 will bolster the programmes deliverables and ability to integrate ownership of longer-term objectives under our clinical strategy.	DELIVERY CONFIDENCE The programme remains on track to deliver its 2026/27 objectives, with key milestones achieved across all three pathways. While data and BI capacity constraints continue to pose a risk to evidencing benefits realisation, mitigations are in place and delivery confidence remains high more broadly.	
ALERT ! We are seeing some impact on milestone delivery due to clinical leadership transition and organisational change presenting a delivery risk in reduced programme resourcing. Area Clinical Leads (ACL) being onboarded in September, and recruitment of Area Clinical Directors scheduled by Q3. ! Continued EMB support is requested to prioritise Pathways of Care BI and analytical requirements through the BI & Data prioritisation process, enabling delivery of key Mental Health, End of Life Care and Falls milestones and supporting programme benefits realisation.	ADVISE ~ Milestone ‘SOP for Care Homes work Approved with monitoring in place at DGG’ re-baselined for delivery in Q3 (was Q2) in relation to risk 760 ‘Pathways of Care leadership and delivery during organisational change’ starting to materialise as previously accepted by Chief Paramedic. ~ Milestone 'Patient & Staff Engagement Plan Approved’ underway, but additional support is required to strengthen progress within the patient engagement workstream, guided by advice from the Head of Patient Engagement. Milestone marked as delayed pending receipt of patient engagement plan.	ASSURE ✓ Performance remains strong across the programme, with key indicators performing at or above trajectory, including Falls H&T, Mental Health H&T and EOLC S&T. Further monitoring will be undertaken to assess impact of seasonal variation before considering any in-year target adjustments. ✓ Significant progress made with Careline data sourcing. Case for Change due at CEG in September. Addressing welfare and wellbeing calls that do not require a clinical ambulance response remains a key opportunity to reduce avoidable demand and support the Falls, Frailty and Older People Model of Care. ✓ Mental Health Summit Partnership Launch Event confirmed for 06 Oct 26. Key enabler for standardisation of Single Point of Contact services and to ensure patients are able to access the most appropriate care pathway.



If SECamb’s structural changes do not support system partners in the development of care pathways to improve the urgent care acceptance rate in 2026/27, alongside a meaningful left-shift, **then** the virtual care model will reach a structural ceiling and SECamb will be unable to realise the full benefits of its transformation programme, **resulting in** continued high conveyance rates and associated patient safety risk, missed strategic and contractual targets, and failure to establish SECamb as the trusted regional assessor and navigator.

Risk owner Chief Medical Officer	Assurance Committee Quality & Patient Safety Committee	Appetite Level Open (WITHIN APPETITE)	Current risk score C4 × L3= 12	Target risk score C4 × L2 = 08	Related corporate risks
CONTROLS IN PLACE		MITIGATING ACTIONS		ASSURANCE STATEMENT	
✓ Priorities agreed with SCAS under joint clinical model, includes alignment of pathways as part of Phase 2 – this dependency is mapped within pathways of care programme. ✓ Pan ICB governance for 999 and 111 commissioning agreed. ✓ Restructure of workforce to support divisional model and ICS partner engagement. ✓ Delineation of pathways into groups A (emergency) and B (urgent), with clinical oversight reporting to Board. ✓ Area clinical leads (ACLs) are each leading a pathway of care.		✓ Submitting a joint SECamb/SCAS plan to commissioners for 2027/28 which will align expectations of the Group and system partnersQ3 ✓ Formal partner engagement under pathways of care programmeQ4		- The risk score has remained static although some controls are not fully effective (e.g.: local system engagement) - If risk not adequately mitigated, successes in virtual care will not be sufficient for successful strategic delivery. - If the Trust does not secure suitable alternative pathways for patients, then it will not be able to release ambulance resources to respond effectively to C2 calls.	
				RISK MOVEMENT	
				12 12 12 8 —●— Actual —●— Target JUNE AUG OCT DEC FEB APRIL	

PATHWAYS OF CARE PROGRAMME REPORT

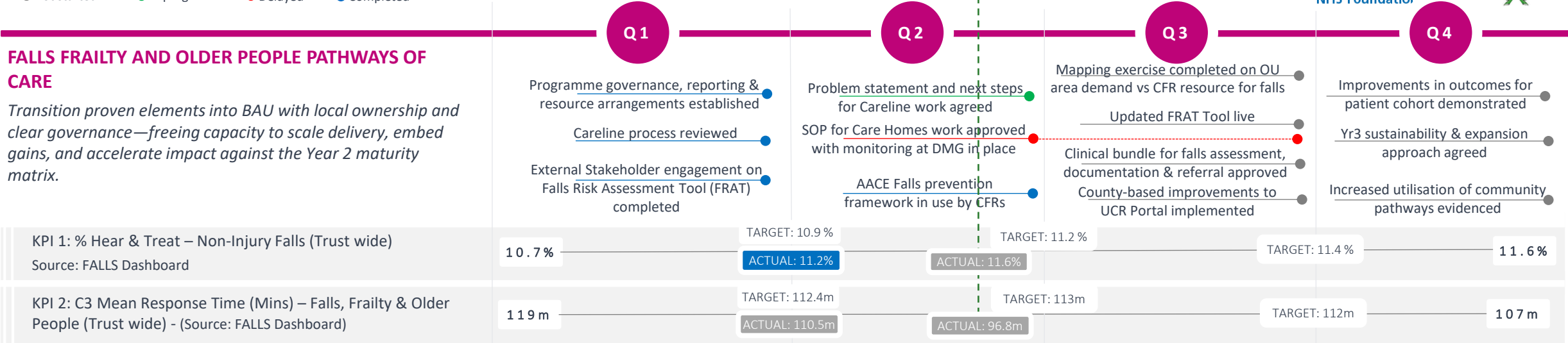
MILESTONES & KPIs

● Not started ● In progress ● Delayed ● Completed



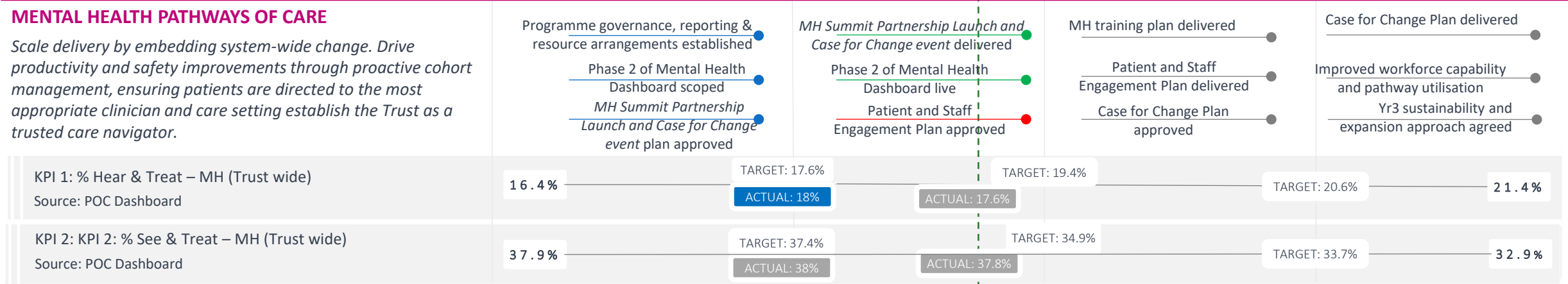
FALLS FRAILTY AND OLDER PEOPLE PATHWAYS OF CARE

Transition proven elements into BAU with local ownership and clear governance—freeing capacity to scale delivery, embed gains, and accelerate impact against the Year 2 maturity matrix.



MENTAL HEALTH PATHWAYS OF CARE

Scale delivery by embedding system-wide change. Drive productivity and safety improvements through proactive cohort management, ensuring patients are directed to the most appropriate clinician and care setting establish the Trust as a trusted care navigator.



DATA VARIATION CAVEAT:

- Actual performance is represented by the YTD average (01 Apr to 31 Aug). Data is reported using the POC Dashboard. Quarterly seasonal targets above are not detailed in the IQR. IQR reports on end year target.
- Figures reported through the IQR may differ due to variations in reporting periods (for example, month-end reporting) and calculation methodologies.

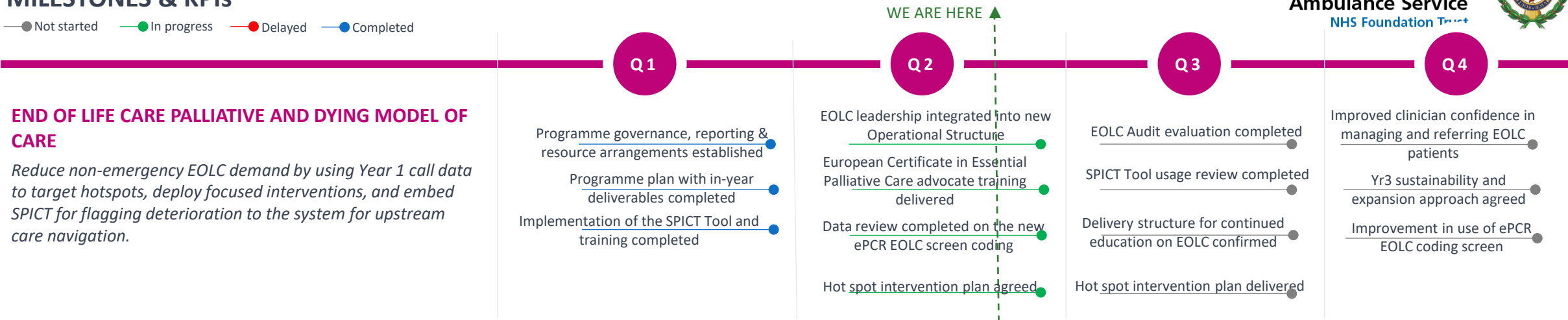
PATHWAYS OF CARE PROGRAMME REPORT

MILESTONES & KPIs

● Not started ● In progress ● Delayed ● Completed

END OF LIFE CARE PALLIATIVE AND DYING MODEL OF CARE

Reduce non-emergency EOLC demand by using Year 1 call data to target hotspots, deploy focused interventions, and embed SPICT for flagging deterioration to the system for upstream care navigation.



KPI 1: KPI 1: % See & Treat – EOLC (Trust wide)
Source: POC Dashboard

77.7%

TARGET:77.6 %
ACTUAL: 79.3%

TARGET:77.3 %
ACTUAL: 76.5%

TARGET:76.9 %

76.7%

DATA VARIATION CAVEAT:

- Actual performance is represented by the YTD average (01 Apr to 31 Aug). Data is reported using the POC Dashboard. Quarterly seasonal targets above are not detailed in the IQR. IQR reports on end year target.
- Figures reported through the IQR may differ due to variations in reporting periods (for example, month-end reporting) and calculation methodologies.

RISK ID & DESCRIPTION*		APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
793	BI data and analytical resource capacity. There is a risk we will see potential delays to programme reporting, benefits realisation monitoring and delivery due to limited data and analytical resource capacity.	Tolerate	12	6	- Continue engagement with senior stakeholders regarding prioritisation of data and reporting support for the programme. - Use appropriate escalation and reporting routes to highlight impact. - Ensure all asks are collated and submitted to the BI data analytics prioritisation group.
*Only risks scoring 12 or above are included in the BAF. Lower-scoring risks continue to be managed through programme governance, with programme delivery contributing to the mitigation of relevant strategic risks.					



South East Coast
Ambulance Service
NHS Foundation Trust





We Deliver High Quality Patient Care



Future Model of Virtual Care Programme

Executive Sponsor: **Jen Allan**
Senior Responsible Owner: **Lara Waywell & Sivanthi Sivakumar**
Programme Manager: **Kate Mackney**

Version 1.0 – Last Updated 21 September 2026

FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

Programme aim: To deliver Virtual Care as a frontline response in 26/27 through measurable improvement in Hear & Treat, Virtual Consultation & Workforce capability

ASSURANCE STATEMENT

The programme provides moderate assurance that the Future Virtual Care Model can be successfully implemented, although delivery confidence has reduced since the previous reporting period due to workforce, governance and digital dependencies. Significant progress has been made in developing the target operating model, workforce design and Intelligent Clinical Queue (ICQ) requirements; however, successful delivery now depends on timely progression of digital development, agreement of governance arrangements and securing workforce readiness.

DELIVERY CONFIDENCE

Delivery confidence is rated Amber. Whilst foundational design activity continues to progress, delivery remains dependent on resolution of key workforce, governance and digital dependencies. Delays to ECAL, progression of ICQ outputs into development, and agreement of the Future Governance Framework increase the risk of slippage to implementation milestones and benefits realisation. Workforce capacity and stakeholder buy-in remain critical factors in achieving the planned improvement trajectory.

ALERT

- ! A significant gap between current available capacity and the forecast workforce required** to deliver the future model at scale has been identified. Progression of role architecture, competency frameworks and recruitment planning remains critical to reducing implementation risk.
- ! Digital enablement remains on the programme critical path.** Progression of ICQ outputs into development, ECAL automation and supporting digital solutions is required to deliver anticipated improvements in Hear & Treat performance and virtual care productivity.
- ! Governance arrangements for the future model are not yet fully agreed.** Delay in establishing the governance framework may reduce clarity of accountability, decision-making and assurance as implementation activity accelerates.

ADVISE

- ~ The programme remains dependent on** timely progression of **Intelligent Clinical Queue (ICQ) outputs** into development, agreement of the **Future Governance Framework** and delivery of **key digital enablers**.
- ~ Future Workforce Pilot, role architecture and recruitment planning require sustained focus** over the coming months. Failure to close the gap between current and future workforce requirements may impact implementation timescales, scalability of the model and delivery of Hear & Treat improvement ambitions.
- ~ Engagement is being strengthened** to support the future operating model, with particular focus on clinical navigation, pathway integration and ensuring future solutions align with wider health system developments.

ASSURE

- ✓ Early implementation opportunities have been progressed** through Intelligent Clinical Queue optimisation, future workforce pilot, governance development and initial clinical navigation changes. While overall H&T performance remains below the annual target trajectory, these activities have established the foundations necessary to support future improvement.
- ✓ All Q2 milestones remain on track with the exception of ECAL automation,** where a recoverable delay is being actively managed. Programme governance and delivery groups continue to provide visibility of risks, dependencies and corrective actions.
- ✓ The programme has established a clear route to delivering future improvements, with agreed priority interventions, defined outcomes and a phased approach** that will allow benefits to be measured, evaluated and scaled as delivery progresses.



STRATEGIC RISKS | VIRTUAL CARE MODEL DELIVERY

If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, **then** demand will continue to outpace capacity, **resulting** in patient harm, failure to achieve strategic targets, and financial sustainability.

Risk owner
Chief Operating Officer

Assurance Committee
**Quality & Patient Safety
Committee**

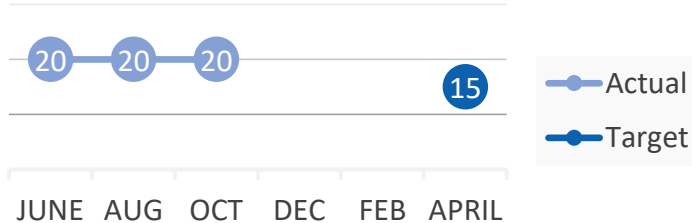
Appetite Level
Open
(OUTSIDE APPETITE)

Current risk score
C5 × L4 = 20

Target risk score
C5 × L3 = 15



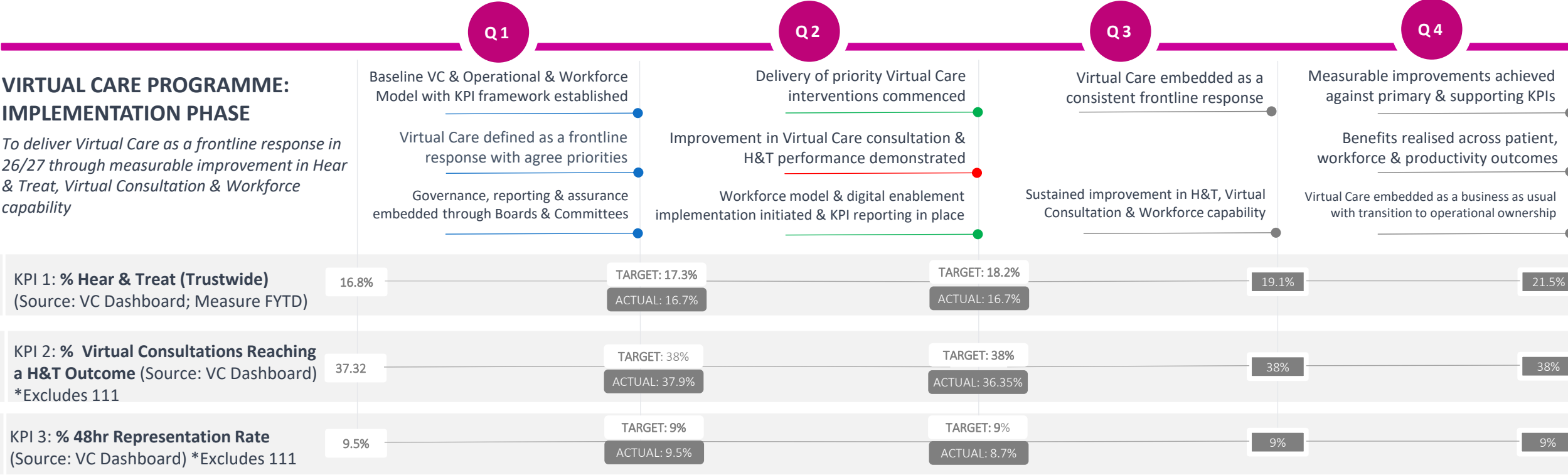
Related corporate risks
674 – Recruitment & retention of VC clinicians

CONTROLS IN PLACE	MITIGATING ACTIONS	DEADLINE	ASSURANCE STATEMENT																					
✓ Board agreement and oversight of vision, strategy, multi-year plan and implementation. ✓ Leadership and governance model in place to support strategic delivery (inc. clinical leads) ✓ Early opportunities to drive H&T target identified as part of BAU whilst delivering transformation programme ✓ Defined target operating model and implementation roadmap. ✓ Stakeholder engagement to include patient voice in model development	✓ Integrated care leadership restructure ✓ Development of integrated clinical process and governance framework for VC ✓ Ongoing focussed recruitment of virtual care roles	Q3 Q3 Q3	This remains the Trust’s most significant risk and highest strategic priority, attracting considerable external scrutiny and ongoing oversight at Board level. The target risk score has increased from 10 to 15, reflecting that programme delivery is currently behind trajectory and that elements of the risk are beginning to materialise. The scale and pace of the required changes to ways of working continue to present significant challenges for the workforce and may adversely impact the effective delivery of day-to-day operations during implementation. Successful delivery of the programme requires substantial leadership capacity, capability, and sustained organisational focus. RISK MOVEMENT <table><tr><th>Month</th><th>Actual</th><th>Target</th></tr><tr><td>JUNE</td><td>20</td><td>15</td></tr><tr><td>AUG</td><td>20</td><td>15</td></tr><tr><td>OCT</td><td>20</td><td>15</td></tr><tr><td>DEC</td><td></td><td>15</td></tr><tr><td>FEB</td><td></td><td>15</td></tr><tr><td>APRIL</td><td></td><td>15</td></tr></table>	Month	Actual	Target	JUNE	20	15	AUG	20	15	OCT	20	15	DEC		15	FEB		15	APRIL		15
Month	Actual	Target																						
JUNE	20	15																						
AUG	20	15																						
OCT	20	15																						
DEC		15																						
FEB		15																						
APRIL		15																						

FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

MILESTONES & KPIs

● Not started ● In progress ● Delayed ● Completed



Actual = Avg. 01.04 – 31.08

DATA VARIATION CAVEAT:

- Actual performance is represented by the YTD average (01 Apr to 31 Aug)
- Hear & Treat performance is reported using the VC Dashboard YTD average to monitor progress against the annual target of 21.5%.
- Figures reported through the IQR may differ due to variations in reporting periods (for example, month-end reporting) and calculation methodologies

FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

Programme aim: To deliver Virtual Care as a frontline response in 26/27 through measurable improvement in Hear & Treat, Virtual Consultation & Workforce capability

RISK ID & DESCRIPTION *		APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
773	Workforce: There is a risk that the Trust will have the inability to recruit, retain and develop a workforce with sufficient capacity and capability to safely deliver the Virtual Care model at scale	Within appetite	12	9	- Develop and implement a defined Virtual Care workforce model and competency framework - Deliver aligned training pathways and phased workforce transition - Embed workforce capability, training and adoption into delivery from Q2 - Align with Trust workforce planning and monitor capability through key metrics - Support implementation through the People Impact Assessment, change and assurance
776	Service Model/Operations: There is a risk that the Trust will experience operational disruption during transition to the new model, leading to reduced performance, increased patient wait times and loss of control over demand and patient flow	Within appetite	12	6	- The H&T Improvement Plan will be aligned & updated through the Future Model governance - Build contingency plans where new model elements are productivity critical - Monitor leading indicators of operational pressure and productivity impact

*Only risks scoring 12 or above are included in the BAF. Lower-scoring risks continue to be managed through programme governance, with programme delivery contributing to the mitigation of relevant strategic risks.

UPCOMING MILESTONES		IMPACT ON DELIVERY	MITIGATIONS
Sep 26 - Review and Agree ICQ v2 Workshop Outputs & Submit Change Request	●	Critical to progressing the future clinical queue model from design into implementation. Delay would impact development of automated routing, skills-based allocation and future digital requirements, creating knock-on impacts to subsequent digital and operational workstreams.	Multi-disciplinary workshop completed, outputs under review, stakeholder feedback incorporated, and governance oversight in place prior to progression into formal digital requirements.
Sep 26 - Future Governance Framework	●	Required to establish clear accountability, assurance and clinical governance arrangements for the future model. Delay could reduce clarity around governance ownership and assurance processes.	Existing governance arrangements remain in place while the framework is developed. PACCS Assurance Audit Framework and governance documentation are being used to inform the future model.
Sep 26 - Clinical Audit Automation Design	●	Supports future productivity, quality assurance and scalable audit processes. Delay would impact agreement of implementation timelines and reduce confidence in future assurance arrangements.	Weekly workstream meetings established, capacity review underway, SMEs being identified, and implementation roadmap development planned to ensure robust design and governance.
Sep 26 - Develop and Agree Future Virtual Care Role Architecture	●	Provides the foundation for workforce planning, recruitment, competency frameworks and career pathways. Delay would impact future workforce implementation and mitigation of the programme's highest-rated risk.	Role development progressing through Workforce Delivery Group, supported by competency framework development, workforce modelling and future educational planning.
Sep 26 – Develop Future ECAL Automation	●	Supports the future Single Point of Access model and streamlined access to clinical decision-making services. Delay may affect future efficiency improvements and wider integration of Virtual Care pathways.	Approved scope and plan-on-a-page in place, potential solutions identified, stakeholder engagement underway, and requirements gathering being completed



Our People Enjoy Working at SECAmb

OUR PEOPLE ENJOY WORKING AT SECAMB

2024-2029 Strategy Outcomes

- We will improve career development opportunities for all of our people, resulting in 70% agreeing they have the opportunity to develop their careers.
- We will increase the proportion of our people recommending SECamb as a place to work, with over 60% of those surveyed agreeing.
- We will improve our workforce race and disability standard indicators, making SECamb an open and inclusive place to work.

Associated IQR Metrics

- Staff recommendation as a place to work
- Appraisals
- Sickness absence
- Turnover
- Vacancy rate
- ER caseload
- Staff speaking up safely.

2026-2027 – Strategic Transformation Plan

- **Embed the organisational operating model, establishing clear accountability, strong divisional structures, and organisational development support that enables our people to deliver safe and effective care.**
 - **Divisional Structure:** Complete remaining operational and clinical restructures by end Q2, with defined divisional governance and accountability arrangements [see Pillar 1], and six-month post-implementation review by Q3.
 - **Integrated Care and Corporate Services:** Complete remaining restructures by Q4, embedding changes implemented in 2025/26, with new arrangements operational by Q4.
- **Develop an organisation-wide workforce model, that ensures the right capability and capacity to meet patient needs and deliver care safely and effectively, now and into the future.**
 - **Clinical Workforce Design:** Complete an evidence-based assessment of current and future clinical requirements, skill mix and role design by Q2, to underpin delivery of the Trust's models of care.
 - **Workforce Planning:** Develop a multi-year workforce plan, including clinical and corporate services, by end Q4, defining the workforce required including roles, skill mix, and capacity required across all areas to ensure safe, sustainable service delivery.

2026-2027 – Operating Plan

- Through the **leadership development** framework, scope and revise the leadership offer by Q3 for first-line and middle managers, equipping them to operate effectively within the new divisional model, with at least 10% benefiting by Q4, and at least 60% by end of 27/28.
- Develop an **internal approach to recruitment and promotion** processes at all levels that strengthens workforce diversity, with a particular focus on gender balance in operational leadership roles, with measurable progress evidenced by Q4.
- Develop **leadership continuity** and talent management plans for senior roles by Q2, ensuring organisational resilience and development pathways are in place for the year ahead.

OPERATING PLAN PRIORITIES

OUR PEOPLE ENJOY WORKING AT SECAMB

Programmes	Delivery Confidence	What?	So what?	What next?
Leadership offer for first time line managers & middle managers		- The modular leadership offer continues to be implemented, with core programmes now established and development of Leadership in Practice progressing. - The offer is being aligned to the new NHS Leadership and Management Framework and six leadership competencies.	This provides a clearer and more consistent development pathway for first-time and middle managers, strengthening the leadership behaviours and capability required to support the new operating model.	Finalise and launch Leadership in Practice, continue rollout of the modular offer, and embed alignment with the NHS Leadership and Management Framework to support a structured leadership development pathway.
Internal approach to recruitment and promotion successes		Four workstreams are progressing to improve recruitment, covering recruitment review, inclusion, NHS Staff Standards and the Leadership and Management Framework.	Each workstream has its own governance, actions and KPIs, with work underway to combine them into one overarching plan.	The workstreams will be consolidated into one plan, incorporating the NHS Staff Standards and Leadership and Management Framework.
Leadership Continuity & Talent Management Plans		Succession plan underway for Executive roles, as required by NHS SE Region (submission September 2026).	Submission remains on track; detail uploaded onto regional online portal to support regional talent management.	Development of Deputy Director succession planning to commence in September.



WORKFORCE TRANSFORMATION PROGRAMME

Executive Sponsor: Jaqui Lindridge
Senior Responsible Owner: Michael Bradfield & Andy Rowe

Version 1.0 – Last updated 25 September 2026

WORKFORCE TRANSFORMATION PROGRAMME REPORT

Programme aim: Develop a clinically-led, **organisation-wide workforce model and multi-year workforce plan** that ensures the **right capability and capacity to deliver safe, effective care**

ASSURANCE STATEMENT

The programme has moved from diagnostic activity into workforce design. A clearer approach to future workforce planning has been established, alongside future role architecture and design principles. In-year delivery is focused on confirming the clinical workforce baseline and strategic workforce choices by November 2026, which will inform the workforce design and roadmap for broader workforce transformation by March 2027.

DELIVERY CONFIDENCE

Delivery confidence is Amber. While the phased approach and outputs have been re-baselined, **resourcing constraints** and significant interdependencies across the wider transformation portfolio continue to create risk to planned timescales and will require close monitoring.

ALERT

- ! Delivery of the future workforce model is dependent on the developing Virtual Care model, Joint Clinical Model and Pathways of Care. Decisions in these areas may materially change workforce numbers, capability, skill mix and deployment requirements.
- ! Phase 1 must establish the clinical workforce baseline and future role architecture by November 2026 to provide the strategic choices required for the 2027/28 workforce plan.

ADVISE

- ~ Phase 1 will now translate the agreed direction into specific workforce choices, including support roles and training pathways, specialist and generalist requirements, registered skill mix and immediate newly qualified paramedic requirements.
- ~ Workforce planning will need to remain iterative as the Group clinical model develops, with alignment required across the wider transformation portfolio, financial planning and leadership requirements.

ASSURE

- ✓ A phased approach to workforce transformation has been established, with a clearer scope and design principles to guide future workforce planning.
- ✓ Stakeholder engagement undertaken with key colleagues involved in defining clinical practice roles and capability requirements for the future workforce.
- ✓ Multidisciplinary future clinical workforce framework developed across associate, newly qualified, experienced, enhanced/specialist, advanced and consultant practitioner roles, supporting a more differentiated response aligned to patient need.



ORGANISATIONAL OPERATING MODEL PROGRAMME

Executive Sponsor: **Sarah Wainwright**
Senior Responsible Owner: **Jacqui Skeel**
Programme Manager: **Victoria Cole**

Version 1.0 – Last updated 18 September 2026

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

Programme aim: Embed SECamb's organisational operating model through phased implementation of clinical and corporate organisational changes, establishing effective governance, clear accountability and leadership capability to deliver sustainable operational, workforce and financial benefits.



ASSURANCE STATEMENT

Overall programme delivery continues to progress, with the majority of planned activity either completed or progressing to plan. Some timelines have moved from the original programme plan, but activity has been rephased to support safe and manageable delivery. Key programme risks continue to be monitored, with no current indication that delivery of the agreed programme outcomes will be affected.

DELIVERY CONFIDENCE

Delivery confidence has moved to Green, reflecting mitigations against capacity and staff wellbeing risks and sequencing of organisational change activity. Stakeholder engagement is effective with positive feedback from colleagues involved in the process across the Trust. JPF has also endorsed adherence to organisational change policy and proactive informal grievance resolution.

ALERT

! Workstreams rephased
Milestones have been intentionally re-baselined to ensure safe delivery of organisational change. Activity levels will be more concentrated in Q4 with potential capacity challenges monitored closely.

ADVISE

- ~ **Phase 3 completed** (Dispatch, Community Resilience, S&T, Medicines Governance, Divisional Clinical Leadership and Wellbeing (note Wellbeing Phase 2 EAP in progress) and transitioned to BAU.
- ~ **Digital scope reduced following EMB agreement.** Revised Business Case planned for 7 October. Separate organisational change remains required for on-call arrangements affecting c.30 colleagues.
- ~ **Organisational change new proposed sequencing:** Finance to progress to formal consultation in line with Phase 4. Quality & Nursing and Resilience & Specialist Ops to continue design/Business Case development, with progression to consultation in Q4 subject to capacity and greater clarity on Virtual Care scope. **For EMB endorsement.**

ASSURE

- ✓ **Integrated Care Leadership model approved to progress to consultation** (30 September) with remaining dependencies actively managed.
- ✓ **People Services remains on track** with stakeholder engagement informing development of the proposed model ahead of Business Case approval (07 October)
- ✓ **Organisational change processes continue to provide assurance**, with issues identified and addressed via JPF and weekly Trade Union engagement meetings
- ✓ **Divisional Governance Plan developed** in alignment with Quality Blueprint and Reg 17 CQC Breach Action Plan.

STRATEGIC RISKS | IMPLEMENTATION OF ORGANISATIONAL RESTRUCTURE

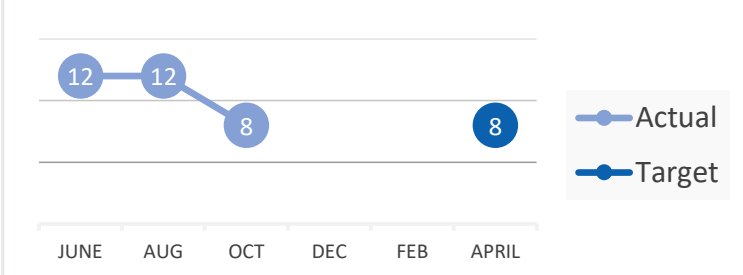
If the structural changes implemented across 25/26 (including the new divisional operating model, the clinical operating model, and corporate restructures) and the planned changes for 26/27 are not effectively embedded, **then** governance connectivity between board and frontline may be weakened, **resulting** in unwarranted variation in service delivery, increased risk of patient safety incidents, loss of workforce confidence and retention and failure to realise the cultural and productivity benefits intended from the new structures.



Risk owner Chief People Officer	Assurance Committee People Committee	Appetite Level Open (WITHIN APPETITE)	Current risk score C4 × L2 = 08 	Target risk score C4 × L2 = 08	Related corporate risks 794 – Cumulative Organisational change
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CONTROLS IN PLACE	MITIGATING ACTIONS	DEADLINE	ASSURANCE STATEMENT
✓ Implementation plans include structured transition to business-as-usual, post-implementation review and monitoring of agreed programme outcomes. ✓ Dedicated workstreams are implementing the Divisional Governance Framework and leadership development to strengthen governance, accountability & leadership capacity. ✓ OD and change management support is embedded throughout implementation to support adoption of new structures, behaviours and ways of working. ✓ Learning from restructures embedded and is being used to support ongoing structural changes.	✓ Development of long-term sustainable workforce model aligned with NHS plans ✓ Sequencing future phases in line with available resources	- Q4 - Q4	• Risk is actively managed and the control environment is operating effectively. Planned 2026/27 restructures are on track (though the Digital restructure has been paused.) • This risk has reduced to target but recommend risk remains open as actions in progress. Anticipate risk closure in Q3/4.

RISK MOVEMENT



Month	Actual	Target
JUNE	12	8
AUG	12	8
OCT	8	8
APRIL	8	8

STRATEGIC RISKS | PEOPLE FUNCTION CAPABILITY & STABILITY

If the People function is unable to maintain sufficient capability and stability — in the context of being at the end of a 2-year improvement cycle that has been supported by additional transitional support — **then** the HR, OD, and employee relations support required to underpin the Trust's transformation programme will deteriorate, resulting in increased ER case backlog, reduced capacity for OD interventions, and an inability to support the embedding of structural changes across divisions.



Risk owner Chief People Officer	Assurance Committee People Committee	Appetite Level Cautious (WITHIN TOLERANCE)	Current risk score C4 × L3 = 12	Target risk score C4 × L2 = 08	Related corporate risks 576 – ER capacity 783 – People team - organisational change
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CONTROLS IN PLACE	MITIGATING ACTIONS	DEADLINE	ASSURANCE STATEMENT
✓ People Services Improvement Programme completed and benefits actively monitored. ✓ SCAS collaboration opportunities (payroll, OH, workforce mgmt. tools) identified ✓ Alignment of people services objectives into BAU (e.g.: ER backlog) ✓ Transition funding confirmed for 2026/27 people plan ✓ People Services Leadership team at full establishment. ✓ People Services plan for 2026/27 breaks down outcomes by quarter	✓ Phase two restructure – OD, EDI, recruitment, payroll & leadership	Q4	• This risk is being actively managed, with controls operating effectively. The risk remains on track to reach target by April 2027.
			RISK MOVEMENT
			12 12 12 8 Actual Target JUNE AUG OCT DEC FEB APRIL

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

MILESTONES & KPIs

● Not started ● In progress ● Delayed ● Completed



South East Coast
Ambulance Service
NHS Foundation Trust



DIVISIONAL OPERATING MODEL REVIEW RESPONSE | WORKSTREAM 1

- Divisional Governance Framework
- Leadership and OD capability

Q1

26/27 mandate approved & prog gov arrangements established

Refreshed sub-EMB div governance framework designed and agreed

Scope & phasing of Divisional Leadership & OD offer confirmed

Q2

OD programme commenced

Priority divisional governance review actions implemented

Q3

OD programme - initial phase complete

Q4

Clinical Operating Model evidenced as embedded across all divisions

Div Leadership and OD programme commenced — IC and RSO divisions

Stage 2 Divisional Model Review commissioned and completed

KPI 1: Reduction in unwarranted variation of CAT 2 mean response time across divisions

22min

TARGET: ≤25min

ACTUAL: 28.3 min

ACTUAL: 29.22 min

≤25min

≤25min

≤25min

OPERATIONAL, CLINICAL & CORPORATE OPERATING MODELS | WORKSTREAMS 2 & 3

- Operational & Clinical Restructures completion
- **Phase 3** - S&T, Wellbeing, Medicines Governance, Divisional Clinical Leadership, Dispatch, Community Resilience
- **Phase 4** - IC Leadership, People Services, Digital
- **Phase 5** – IC Part 3, RSO Leadership

26/27 mandate approved & prog gov arrangements established

IC and RSO operating model design principles agreed

Consultation complete for Dispatch, Clinical Leadership & Community Resilience

Phase 3 Consultation outcomes communicated

Approach for Phases 4 and 5 confirmed

Phase 4 Business Cases approved

IC Leadership structure designed and agreed

Outstanding operational and clinical restructures completed

Phase 3 Implementation complete

Phase 4 Consultation outcomes communicated

Phase 5 Business Case approved

Phase 4 Implementation complete

RSO structural changes implemented

Phase 3 new operating model embedded

RSO Leadership Operating Model implemented

Phase 5 Implementation complete

KPI 1: 12-month rolling sickness absence rate

6.5%

TARGET: 6.2%

ACTUAL: 7.3%

ACTUAL: 6.6%

TARGET: 6%

5.5%

5%

KPI 2: 12-month rolling staff turnover rate

11.7%

TARGET: <15%

ACTUAL: 12.1%

ACTUAL: 12.4%

<15%

<15%

<15%

KPI 3: Cost Improvement Delivery

0%

On track

Approved Phase 3 restructures remain on track to deliver approximately 10.1% recurrent savings, exceeding the Trust's minimum 5% efficiency requirement.

On track (forecast)

Minimum 5% efficiency requirement remains for org restructures progressed through the programme.

On track (forecast)

≥5%

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

Programme aim: Embed SECamb's organisational operating model through phased implementation of clinical and corporate organisational changes, establishing effective governance, clear accountability and leadership capability to deliver sustainable operational, workforce and financial benefits.



RISK ID & DESCRIPTION	APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
010 Org Change Capacity - There is a risk that the cumulative scale and sequencing of organisational change activity across the Trust exceeds available People Services, recruitment and implementation capacity, resulting in further programme rephasing and delays to implementation and benefits realisation.	Outside appetite	12	8	- Phase 4 rephased to manage known change demand - Digital / People Services / IC Leadership overlap mitigations agreed - Cumulative change demand monitored through programme governance - Executive prioritisation and escalation where capacity is exceeded
007 Recruitment Gaps - There is a risk that the Trust is unable to recruit to key or specialist roles, including Divisional Clinical Director posts, resulting in vacancies, reduced leadership capability & capacity limiting the effective operation and embedding of the divisional model.	Outside appetite	12	8	- Targeted recruitment approach for key and specialist roles - Recruitment processes in place and expectation to fill vacant posts - Interim leadership arrangements maintained within affected divisions - Impact on divisional leadership effectiveness monitored through programme governance
008 Delivery Pinch Points - There is a risk that the rephasing and sequencing of organisational change programmes results in multiple strategically significant activities converging within the same delivery period, creating implementation pinch points that delay delivery and benefits realisation.	Within appetite	12	8	- Sequencing and dependencies overseen through Steering Group / EMB - Delivery changes impact-assessed before agreement - Wider Trust change interdependencies monitored and reviewed - Rephase, resource or escalate where pinch points emerge

KEY UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
30 September 2026 IC Leadership consultation launch	Delay would compress the planned outcomes and recruitment timeline and increase overlap with other change activity.	- EMB support received to progress. DCD funding/CIP position to be finalised in parallel. - JD evaluations being prioritised.
7 October 2026 People Services and Digital (revised scope) Business Cases approved	Delay would push consultation/implementation further into Q4 and increase the Jan -Mar delivery pinch point..	JD and Final model / Business Case development activity prioritised and actively monitored.
14 October 2026 Divisional Governance actions & recommendations reviewed at EMB	Delay could affect implementation and, subsequently, readiness for the independent Stage 2 review.	Revised implementation plan, ownership and sequencing being agreed through SG.



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2024-2029 Strategy Outcomes

- We will reduce our operating costs by 8% and configure our services to respond to a forecasted increase of 15% in demand.
- We will increase the utilisation of alternatives to emergency departments from 12% to 31%.
- We will reduce avoidable conveyances to emergency departments from 54% to 39%, saving 150k-200k bed days per year.
- We will reduce our direct carbon emissions by 50% by 2032.

2026-2027 Associated IQR Metrics

- Urgent Community Response (UCR) acceptance rate
- Job cycle time
- Resources per incident
- Cost improvement programme
- Vehicles off road (ghost call signs)
- Make-ready compliance

2026-2027 – Strategic Transformation Plan

- **Establish a joint group model vision with South Central Ambulance Service**
 - **Implementation Roadmap:** Develop a draft joint implementation roadmap with commissioners by Q2, for agreement with the incoming Group leadership once in post.
 - **Joint Planning Areas:** Five joint priority areas agreed with SCAS for 2026/27 - see Joint Planning Areas slide for detail.
- **Deliver digital transformation that enables the virtual care operating model, supports clinical decision-making and drives productivity.**
 - **Digital solutions impacting care:** Deliver automation across call allocation and dispatch to improve Virtual Care and C2Mean measures. These will be specified in Q1 aligned to the Virtual Care and productivity programmes as we start to implement the new model from April.
 - **Business Intelligence (BI) and Analytics:** Strengthen BI and Analytics to provide individual and team-based (including divisional reporting) productivity management across Virtual Care and field operations to improve H&T and C2Mean performance.

2026-2027 – Operating Plan

- Deliver the **efficiency and productivity plan** by Q4, creating sustainable capacity to meet demand safely, including 4% efficiency and productivity and Hear & Treat of 21.5%.
- Improve **vehicle availability** by a combined 10% reduction in measured crew downtime through improved Vehicle Off Road (VOR) and improved Make-Ready throughput vs operational schedules. This will be done by continuing our MAN Double Crewed-Ambulances (DCAs) fleet rollout, divisionally aligned operational support structure and safe transition to the new Make-Ready contract.
- Deliver an **electric vehicle (EV)** trial across key sites by Q3 to test a range of geographic conditions, establish fleet decarbonisation feasibility and inform the fleet operating model from 2027/28.

OPERATING PLAN PRIORITIES

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Programmes	Delivery Confidence	What?	So what?	What next?
Efficiency & Productivity		- The Trust is forecast to deliver its break-even financial plan. However, higher-than-planned non-recurrent savings continue to create financial pressure and increase the recurrent savings requirement for 2027/28 to a significant level. - Category 2 (C2) mean response time remains 3 minutes 46 seconds above plan, largely due to the under delivery in Hear & Treat and external system pressures. - We have had progress in reducing long-term sickness, through a structured review, however short-term sickness has increased.	- Continued under-delivery of recurrent CIP savings and H&T performance will increase the recurrent efficiency gains required to support next year's financial position, which will lead to further difficult decisions for the Trust. - There's risk to achieving the required C2 performance if we do not increase our H&T rate. There is an additional risk that we may not receive the second half of the growth monies if we can not provide a robust plan to improve internal performance.	- Continue weekly oversight through the Productivity and Efficiency Group, identifying and tracking further opportunities. - Delivery of the 90 Day H&T Improvement Plan. - Embed the new Organisational Delivery Framework, which will support a reduction in short-term sickness, H&T and JCT. - Commence discussion regarding structural changes needed in H2 to support delivery of the financial position in 2027/28.
Electric Vehicle (EV) Trial		- Three electric SRVs responded to 195 operational calls in July covering 1,415 miles. Electric DCA deployment has been delayed following a Ford recall for warranty work, with SECamb placed low in the queue as active vehicles were prioritised. - WAS warranty work is due to complete shortly, after which communications equipment will be fitted ahead of deployment.	- SRV performance is positive and building confidence in the electric model. eDCA delays, are attributable to factors outside the Trust's control and the programme remains viable. - The delay does not impact current operational capacity but will push back the anticipated carbon and cost benefits of the wider electric DCA fleet.	- Complete WAS warranty work and comms installation. - Progress eDCA deployment once vehicles are commissioned, to Banstead Operation Unit. - Continue to monitor SRV performance and report progress.
Vehicle Availability & Targeted Improvements		- VOR is currently around 17%, with a spike over the summer attributed to REAP 4 pressures impacting inspection completion, increased DCA demand, and sustained air conditioning use placing additional strain on engines. 35 of 43 planned vehicles commissioned, with delays linked to warranty issues and a two-week manufacturer shutdown.	- The summer VOR increase is linked to known, time-limited pressures and is being monitored closely. - Commissioning delays remain a concern but a recovery plan is in development.	- Continue to drive commissioning recovery with the team and feed lessons back to WAS. - Monitor VOR as REAP 4 pressures ease and inspection compliance recovers. - Ensure winter planning is in place to mitigate seasonal pressures on vehicle availability, including scheduling MOTs and inspections ahead of winter to minimise the number of vehicles off the road during the higher demand period.

STRATEGIC RISKS | COST IMPROVEMENT

If the Trust fails to deliver recurrent cost improvement programmes (CIPs) as planned **then** there will be an increased percentage of CIPs required in 2027/28 (higher than the Trust has previously delivered), **resulting in** unrealised benefits for patients, erosion of cash reserves, removal of investment capacity for transformation, inability to meet liabilities to staff and potential return to NHSE financial oversight.

Risk owner Chief Finance Officer	Assurance Committee Finance & Investment Committee	Appetite Level Open (OUTSIDE APPETITE)	Current risk score C4 × L4 = 16	Target risk score C4 × L3 = 12 	Related corporate risks
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CONTROLS IN PLACE	MITIGATING ACTIONS	DEADLINE	ASSURANCE STATEMENT
✓ Compliant breakeven plan submitted ✓ Three-year financial plan in place ✓ CFO reviews CIP programmes and remedial actions weekly to ensure progress (with more frequent consideration of higher risk programmes)	~ Reduce cost of employment in relation to bank holidays and TOIL ✓ Delivery of key Digital Transformation Programmes (GRS cloud, ESR) ✓ Delivery of restructure programme will support 5% cost reduction on target ~ H&T rate at 19.6% ✓ Efficiency and Productivity target (3.9%) ✓ If CIP & productivity insufficient then plan to undertake workforce headcount reduction (10% for Q1 27/28)	Q3 Q3 Q4 Q4 Q4 Q4	• Risk refined to focus on delivery of cost improvements, from a focus on in-year breakeven. • Organisational engagement on CIPs ongoing. However, CIPs are not being delivered as planned, alongside under delivery in other areas (hear and treat, productivity and sickness and C2 performance.)
RISK MOVEMENT 16 16 16 12 JUNE AUG OCT DEC FEB APRIL Actual Target			

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DIGITAL TRANSFORMATION PROGRAMME

Executive Sponsor: **Jaqualine Lindridge**

SRO: **Nick Roberts**

Programme Manager: **Reeta Hosein**

Version v0.3 - last updated 24 September 2026

DIGITAL TRANSFORMATION PROGRAMME — Foundational

Programme aim: *Deliver the cyber resilience, national email migration and underpinning business cases and infrastructure that support delivery of the wider Digital Transformation Programme.*

ASSURANCE STATEMENT Foundational Work covers cyber maturity, national email migration and the business cases underpinning delivery. The Cyber Maturity Assessment is complete and a resilience roadmap agreed. Business cases totalling £862k went to the Business Case Review Group on 17 September, committing the 2026/27 capital allocation in full.		DELIVERY CONFIDENCE - Cyber maturity Programme is on track, assessment complete, resilience roadmap agreed and action plan now in progress. - Business cases: progressing — cyber and NHS Mail cases costed for review in October.
ALERT ! The business case for the BT consultancy and the Data and AI case to speed up deliver were both approved at BCRG on the 17th September. Remaining Business cases will be presented in October. ! Frontline Productivity: An initial response not to proceed with FP funding has led to an alternative offer from NHSE region which is currently being assessed. It is likely we will draw down limited funded for safe project we know we can deliver this financial year.	ADVISE ~ Cyber security: the approved business case is being revised following NHS England’s expanded central monitoring, refocusing funding on a combination of tools already available. Matched to NHSE capability. ~ NHS Mail and National Tenant: Negotiations continue to schedule in the planned migration. We are building on SCAS's recent experience.	ASSURE ✓ Cyber Maturity Assessment complete, providing a resilience roadmap; the agreed action plan is now being delivered.

DIGITAL TRANSFORMATION PROGRAMME MONTHLY REPORT — Data & AI

Programme aim: *Deliver the foundations for a data-driven and AI-enabled organisation, improving access to trusted information, accelerating insight and supporting better outcomes for patients, staff and services.*



ASSURANCE STATEMENT

The Data & AI Programme has moved from design into implementation. CAD data, the Trust's richest operational dataset, has been ingested into the new data platform, with ePCR, GRS and ESR to follow, giving a joined-up view across demand, clinical care and workforce for the first time. The newly appointed Enterprise Architect will ensure alignment with a coherent target architecture and the emerging Data & AI strategy is being grounded in what is being built and proven now.

DELIVERY CONFIDENCE

- Delivery confidence for core cloud-based data platform remains Green and on track.
- Confidence for AI progress is currently Amber - due to take up of Copilot business case funding difficulties. Tortus has demonstrated great potential but until fully integrated with Cleric CAD cannot provide the productivity improvements expected.

ALERT

! Tortus pilot evidence remains limited because use was not mandated; the dataset is too small and unrepresentative to support a firm conclusion on transcription and summarisation effectiveness. To be effective Tortus must be fully integrated and options are being explored with LAS and Tortus, through LAS development Business Cases.

Use of AI within the pilot Clinical audit tool has proved very effective and options to progress beyond pilot are being explored.

ADVISE

- ~ The M365 Copilot business case does not demonstrate a financial saving and funding is not available to expand use; migration to the national 365 tenant may require a deployment hiatus.
- ~ Turning AI use into cashable savings remains difficult across the NHS; benefits are predominantly productivity and quality gains. A benefits realisation framework will categorise benefits honestly, with 3/6/12-month post-deployment reviews.
- ~ The draft Trust-wide AI Policy enters stakeholder engagement in October, ahead of full governance approval in Q3.

ASSURE

- ✓ Data platform build is under way: CAD ingested, ePCR/GRS/ESR onboarding progressing. The first product a divisional governance report reached proof of concept at the end of Sprint 7 (11 Sept), with BI and Data Engineering teams now jointly engaged.
- ✓ Draft AI Policy establishes a four-tier risk classification, AI Governance Panel and AI Register, giving Board line of sight of all AI in use.

STRATEGIC RISKS | DIGITAL FUNCTION CAPABILITY & STABILITY

If the Digital Function is unable to maintain sufficient capability and stability to deliver the digital plan and restructure necessary to support the two primary strategic enablers — virtual care implementation and workforce productivity improvement — **then** critical dependencies within the transformation programme will not be met, **resulting** in delays to virtual care rollout, continued reliance on legacy systems, and failure to realise anticipated productivity and cost benefits.

Risk owner Chief Digital Officer		Assurance Committee Finance & Investment Committee	Appetite Level Open (OUTSIDE APPETITE)	Current risk score C4 × L4 = 16	Target risk score C4 × L2 = 08	Related corporate risks 747 – Data & analytics capacity
CONTROLS IN PLACE			MITIGATING ACTIONS		DEADLINE	
✓ Digital Transformation Mandate includes a quarterly milestone plan with monthly reports to Digital Transformation Programme Board. ✓ Alignment of digital priorities, KPIs and CIPs with business and operational priorities ✓ Capital funding envelope agreed for short-term resources ✓ High-priority workforce arrangements agreed at EMB in September 2026			✓ Finalisation of remaining business cases ✓ Completion of procurement for joint CAD/ePCR project ✓ High-priority workforce arrangements embedded		Q2 Q3 Q3	
			ASSURANCE STATEMENT			
			Planned digital restructure has been paused. Tactical workforce arrangements agreed by EMB will improve capability and capacity in a small number of high-priority areas (in Data and Analytics and Digital Leadership) to support short- and medium-term delivery. Longer term, capacity and capability gaps will be addressed by the group model. The timeline for this has not yet been fully scoped. As such, the risk score remains static.			
			RISK MOVEMENT			
			161616 8 Actual Target JUNE AUG OCT DEC FEB APRIL			

DIGITAL TRANSFORMATION PROGRAMME REPORT — CLINICAL PRODUCTIVITY

Programme aim: *Deliver digital transformation that enables the virtual care operating model, supports clinical decision-making, and drives clinical and corporate productivity across the Trust.*



ASSURANCE STATEMENT

Clinical Productivity remains Green overall. Intelligent Clinical Queue Phase 1 is in business as usual and awaiting formal closure; Phase 2 design workshops are complete and the governance route is confirmed. The extended Auto-Dispatch Phase 2 trial commenced at Brighton on 1 September, with Phase 3 preparation under way.

DELIVERY CONFIDENCE

- Clinical Productivity remains Green. WCA is on track for Q3, clinical audit automation has improved from Amber to Green, and eCAL remains forecast for delivery within the financial year despite delay.

ALERT

- ! ePCR Optimisation is at risk: Worsening Care Advice (WCA) is on track for clinical approval, but the GP summary and safeguarding workstreams depend on new Cleric development and may slip to Q3/Q4 or beyond.
- ! Digital delivery capacity is strained due to a combination of CAD procurement, significant BAU pressures and on going programme of Transformation work. Cleric also have capacity issues due to focus on joint CAD procurement, that is particularly effecting ICQ development .

ADVISE

- ~ Auto-Dispatch Phase 2 trial is under way at Brighton. Confirm any downstream impact and progress Category 2 preparation through clinical and operational approval routes.
- ~ Completed the clinical audit capacity review, eCAL stakeholder engagement and solution design, and assurance and resilience requirements for video capability.

ASSURE

- ✓ Intelligent Clinical Queue Phase 1 is in BAU; complete the close-down report, handover and sign-off before the next Digital Transformation Steering Group. Finalise the Phase 2 specification through the confirmed governance route.
- ✓ The extended Auto-Dispatch Phase 2 trial started at Brighton on 1 September; Phase 3 preparation is underway.
- ✓ Worsening Care Advice (WCA) remains on track for Q3 and clinical audit automation has improved from Amber to Green.

Programme aim: *Deliver digital transformation that enables the virtual care operating model, supports clinical decision-making, and drives clinical and corporate productivity across the Trust.*



ASSURANCE STATEMENT

Corporate Productivity remains Amber. Workforce management and EOC smart rostering are paused pending an organisational decision by the end of October on whether the Trust will develop and support the capability internally.

DELIVERY CONFIDENCE

- Corporate Productivity remains Amber, pending the end-October decision on organisational intent, specialist capability and resourcing.

ALERT

! Expected benefits from GRS Cloud implementation unlikely to be realise due to the lack of recent development of the product by the vendor, prior to roll-out of product to all ambulance Trusts which is still underway.

ADVISE

- ~ SCAS and SECamb have halted the joint EOC smart rostering procurement because the Trusts require different routes to achieve the benefits. A SECamb-only business case is being redeveloped and is expected in the first week of October.
- ~ Complete and review the workforce management business case, confirm scope, benefits and specialist resource requirements, and secure the strategic decision by the end of October.

ASSURE

- ✓ Workforce Management system now has required full 6 months data and has begun to improve our rostering capabilities, that should generate productivity improvements this financial year.
- ✓ The interim Section 2 payments solution has executive approval and is being tested through the September pay run. Implementation is planned for 1 January 2027, subject to a successful test and final go-live decision; back pay is planned for Q4.

KEY PERFORMANCE INDICATORS & BENEFITS

Programme	Measure	Baseline (as-is)	Latest Figures Q1 (figured will be updated end Q2)	Target	Forecast realisation
Data and AI & Shared Care Records	Reduction in average Job Cycle Time	01:36:55	01:35:22	1-minute reduction	Q4 2026/27
Auto-Dispatch	Time taken to allocate crews to Category 2 calls	00:08:23	00:08:12	1-minute reduction	Q4 2026/27
Auto Allocate Calls (Intelligent call queue)	Calls per hour per clinician	1.35	1.43	0.1 increase	Q2 2026/27

Benefit Description	Benefit Owner	Benefit Type	Outcome Measures / Link to KPI?
Faster job cycle times through better data access. Field and virtual care teams use mySECamb self-service reporting to support clinical and productivity discussions, while Shared Care Records enable faster, more informed clinical decisions.	Assistant Director of Data and Analytics	Quality / Efficiency	- Reduction in average job cycle time 75% adoption of mySECamb by field and virtual care staff - Shared Care Records accessed for 60% of patient contacts
Faster resource allocation for C2 patients. Expanding CAD auto-allocation uses response matrix to identify most appropriate resource, improving response times for C2 patients while reducing resources allocated to each incident (API/RPI).	Head of Critical Systems	Efficiency	- Reduction in C2 resource allocation time - Reduction in Allocations Per Incident (API) and Responses Per Incident (RPI) - Reduction in mean response time for C2 patients
Increase clinician calls per hour through auto-allocation. Automatically allocating calls enables clinicians to focus on patients, support neighbouring areas, and spend less time managing call stacks.	Programme Manager	Productivity / Cost	- Increased clinician calls per hour - Reduced time spent managing call stacks



Group Collaboration



01 Joint CAD / ePCR & Digital Infrastructure

FOCUS IN 2026/27

Establish and mobilise a joint CAD/ePCR programme, including development of a single shared specification and progression through procurement, alongside alignment of enabling digital infrastructure.

INTENDED OUTCOME



A clear pathway to a single common digital platform that underpins the future joint clinical operating model and Ambulance Group, enabling consistent, interoperable urgent and emergency care ahead of contract expiry in Autumn 2027. *This sets an important foundation toward developing an integrated 999/111 front door across the SE.*

02 Joint Clinical Operating Model

FOCUS IN 2026/27

Establish the foundations for a single joint clinical model across priority pillars (virtual care, pathways of care, specialist tertiary pathways and workforce), by agreeing shared principles, baselines and future direction aligned to both Trusts' strategies and national ambitions.

INTENDED OUTCOME



A shared, clinically led framework that reduces unwarranted variation, supports improved patient outcomes and performance trajectories, and provides a consistent foundation for workforce and financial planning from 2027/28 onwards. *This sets an important foundation toward developing an integrated 999/111 front door across the SE.*

03 Corporate Services Collaboration

FOCUS IN 2026/27

Progress priority consolidation opportunities across selected corporate and support functions (including the green plan, payroll, occupational health and workforce management tools), supported by shared expertise, joint procurement, and common specifications or approaches to improve consistency, capability and value.

INTENDED OUTCOME



More efficient, consistent and resilient corporate services that improve staff experience and wellbeing, reduce administrative burden, and release capacity to support frontline delivery and improved patient outcomes, while strengthening sustainability and scalable models for the future Ambulance Group.

04 Strategic Estates

FOCUS IN 2026/27

Develop a coordinated strategic estates approach informed by emerging digital and clinical models, aligning Green Plans and identifying principles, options and future opportunities (including potential make ready centres in bordering areas) to support service delivery and organisational sustainability, with assumptions shaped by known lease events in 2027/28..

INTENDED OUTCOME



A clear, evidence based strategic estates framework that supports future service models, aligns with sustainability objectives, improves resilience and affordability, and enables informed decision making on estates opportunities over the medium to long term.

05 Performance Improvement & Patient Outcomes

FOCUS IN 2026/27

Align operational and medium-term planning assumptions, including productivity, workforce and pathway development, while each Trust continues to deliver its own 26/27 performance trajectories.

INTENDED OUTCOME



Improved transparency and comparability of plans, a shared narrative for commissioners, and a stronger platform to support organisational alignment for FY27/28 planning and equitable recovery towards constitutional standards across the South East.

STRATEGIC RISKS | LEADERSHIP RESILIENCE THROUGH GROUP TRANSITION

If ongoing organisational change and transition to a group model absorb Executive capacity, then focus may be diverted from operational and strategic delivery resulting in failure to deliver our internal plans and joint group priorities, compromised performance outcomes and a loss of workforce and stakeholder confidence.

Risk owner Chief Executive Officer	Assurance Committee Integration Committee	Appetite Level Cautious (WITHIN TOLERANCE)	Current risk score C3 × L4 = 12 	Target risk score C3 × L2 = 06	Related corporate risks 794 – Cumulative Organisational change
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CONTROLS IN PLACE	MITIGATING ACTIONS	DEADLINE	ASSURANCE STATEMENT																					
✓ Established joint strategic commissioning and regional oversight framework for SECamb & group ✓ Joint chair in place. CEO appointed. Executive and Board Committee in common, with five joint priority areas, each with a named focus, outcomes and 26/27 deliverables ✓ Internal SECamb governance to support strategic delivery (EMB, governance groups, Tier 1 programmes) ✓ Joint priority programmes reported into E2E and CIC. Alignment of programme delivery aims and leadership roles to coordinate group and organisational delivery ✓ Clear transition plan in place. Primary focus is plan delivery with dedicated Executive oversight of Trust specific plans and priorities.	✓ Joint implementation roadmap underway and joint communications group established following Board Development discussion ✓ CAD/ePCR procurement process in progress ✓ Executive arrangements in place for interim period into group stage. Work on succession planning and leadership resilience started. ✓ Ongoing programme of Executive and Senior Leadership collaboration & OD to build alignment & relationships ✓ Development of a joint clinical model in progress	Q2 Q3 Q3 Q4 Q4	• This risk has been updated to reflect Executive capacity and potential diversion from operational and strategic delivery. Previously, it focused on delays to the Group transition, which has not slowed. • Different planning positions across SCAS and SECamb continue to present a challenge in joint decision making and progress on priorities, particularly as Group model development is self-funded.																					
RISK MOVEMENT <table><tr><th>Month</th><th>Actual</th><th>Target</th></tr><tr><td>JUNE</td><td>9</td><td></td></tr><tr><td>AUG</td><td>9</td><td></td></tr><tr><td>OCT</td><td>12</td><td></td></tr><tr><td>DEC</td><td></td><td></td></tr><tr><td>FEB</td><td></td><td></td></tr><tr><td>APRIL</td><td>6</td><td>6</td></tr></table>				Month	Actual	Target	JUNE	9		AUG	9		OCT	12		DEC			FEB			APRIL	6	6
Month	Actual	Target																						
JUNE	9																							
AUG	9																							
OCT	12																							
DEC																								
FEB																								
APRIL	6	6																						



South East Coast
Ambulance Service
NHS Foundation Trust



Integrated Quality Report

Trust Board October 2026

Data up to and including August 2026





What?

- The C2 mean, at 29.22, was behind plan in August, corresponding with operational staffing challenges, although activity and demand were more aligned with forecast than earlier in summer. H&T remains below trajectory, at 16.6% compared to 17.6% plan, particularly impacted by workforce availability. A Hear and Treat Improvement Plan is being has been agreed via VC governance. We continue to recruit Band 6 clinicians for PACCS. Call answer in July and August exceeded the AQI target of 5 seconds.
- Cardiac arrest outcomes remain strong, with both overall survival and Utstein survival above target. Pathways of care development continues with impact being evidenced in mental health Hear & Treat utilisation, a reduction in mental health See & Treat, improvements in non-injury falls management, community responder deployment, and ongoing virtual care development. Patient experience indicators are generally positive, with complaints showing normal variation and compliments exceeding target.
- The Make Ready re-tender has been completed and the Board approved the award recommendation in early September.
- Sickness absence is reducing, with continued focus on long term sickness cases, while turnover increased slightly as restructuring programmes progress. Early indicators from the Trust's 2026 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports demonstrate continued progress in a number of key areas.

So What?

- Performance management continues to be an area of focus, and each Operating Unit has their own delivery plans which are monitored through the Divisional governance structures. There is further improvement needed to our productivity metrics, with increases in call triage rates and H&T outcomes being behind trajectory.
- SECAmb will review its IRP support arrangements with other trusts to ensure its own call answer performance and resilience remain the priority.
- The organisation continues to demonstrate high-quality clinical care and patient outcomes, particularly in cardiac arrest, STEMI care and stroke pathways. The trajectory of mental health, falls, community responder and virtual care developments demonstrate progress against the operating plan objective of delivering priority pathways of care and reducing unnecessary conveyance.
- Sustained meal break performance indicates that existing controls and management actions are effectively supporting staff welfare whilst balancing operational demand.
- The Trust continues to work in partnership with colleagues at SCAS across all Directorates.

What Next?

- Monitoring of CIP / Productivity recovery plans will continue. The focus through the year remains ensuring we meet our key indicators around C2 mean, Hear & Treat and finance, while focusing on our quality, people and productivity programmes for the coming year.
- Performance will continue to be closely monitored through established governance arrangements, with daily oversight from Service Delivery Managers and support from Strategic Command. An Organisational Service Delivery Framework is also being developed to support delivery of the operating plan priorities and will go live on 1 October 2026.
- Within Community Resilience, the management structure is now aligned to the 3 Field Operations Divisions, and leads have been assigned to each of the 14 Dispatch Desks. The newly appointed team will undertake a programme of induction, training and familiarisation, with the structure on track to be formally launched in November 2026.
- Bank Holiday TOIL consultation commenced as planned.
- Procurement of a new Employee Assistance Programme.

NHS Oversight Framework

Segment - 2 – Above average

Trust Rank - 4

Access to services

1 – High performing

Sub-domain	Description	Metric Score	Rank
Urgent and emergency care	Category 2 Mean	1.00	5 out of 10

Effectiveness and experience

4 – Low performing

Sub-domain	Description	Metric Score	Rank
Effective out of hospital care	% of patients conveyed to ED	3.10	8 out of 10
Patient experience	Staff survey advocacy score	2.00	4 out of 10

Finance and productivity

1 – High performing

Sub-domain	Description	Metric Score	Rank
Finance	Combined finance	1.00	
Finance	Planned surplus/deficit	1.00	2 out of 10
Finance	Variance year-to-date vs plan	1.00	8 out of 10
Productivity	Relative difference in costs	2.37	7 out of 10

Patient Safety

3 – Below average

Sub-domain	Description	Metric Score	Rank
Patient safety	Staff survey – raising concerns	2.67	6 out of 10

People and workforce

3 – Below average

Sub-domain	Description	Metric Score	Rank
Retention and culture	Staff survey – engagement theme	2.00	4 out of 10
Retention and culture	Sickness absence rate	3.84	6 out of 10

Overall Rating

CQC Rating

Requires Improvement

Safe	Requires Improvement	
Effective	Requires Improvement	
Caring	Good	
Responsive	Requires Improvement	
Well-led	Inadequate	

DSPT Status



Approaching standards

Staff Survey Results – 2025

People Promise Theme	SECAmb 2025	SECAmb 2024	National Avg	Best Result
 Compassionate and inclusive	7.05	6.92	6.93	7.25
 Recognised and rewarded	5.53	5.50	5.37	5.62
 We have a voice that counts	5.93	5.98	5.91	6.23
 Safe and healthy	5.76	5.73	5.65	5.91
 Always learning	5.12	5.02	4.92	5.30
 Work flexibly	5.66	5.48	5.55	5.83
 We are a team	6.47	6.43	6.23	6.74
 Staff Engagement	5.98	6.06	5.93	6.29
 Morale	5.87	5.88	5.54	6.06



	Special cause of an improving nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER . Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER . Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently PASS the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly HIGHER . The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly HIGHER . Assurance cannot be given as a target has not been provided.
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				Special cause variation where UP is neither improvement nor concern.
				Special cause variation where DOWN is neither improvement nor concern.
				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

NHS Performance Assessment Framework 2025/26

 The NHS Performance Assessment Framework sets out how success and areas for improvement will be identified, and how organisations will be rated.
Metrics with this icon are part of this framework.

We deliver high quality patient care



Quality Patient Care

What?

Cardiac arrest outcomes remain strong, with both overall survival and Utstein survival above target, supporting the operating plan ambition to improve cardiac arrest survival outcomes. Post-ROSC bundle compliance has also improved.

999 call answering performance has deteriorated, likely as result of significant demand over the summer period. Category 1 response performance has remained relatively stable and moved closer to target in August.

Pathways of care development continues with impact being evidenced in mental health Hear & Treat utilisation, a reduction in mental health See & Treat, improvements in non-injury falls management, community responder deployment, and ongoing virtual care development.

Patient experience indicators are generally positive, with complaints showing normal variation and compliments exceeding target. Safeguarding processes, medicines management and infection prevention metrics remain stable.

Hear & Treat performance remains below trajectory, with significant dependency on clinical staffing levels. Category 2 performance deteriorated during the summer period but remains within normal variation and reflects the demand and resource pressures that have affected delivery against operating plan ambitions.

Patient safety harm measures remain above target but within normal variation with 3.2 harm incidents being recorded per every 1000 patient interactions.

So What?

The organisation continues to demonstrate high-quality clinical care and patient outcomes, particularly in cardiac arrest, STEMI care and stroke pathways. The trajectory of mental health, falls, community responder and virtual care developments demonstrate progress against the operating plan objective of delivering priority pathways of care and reducing unnecessary conveyance.

Stable or improving patient experience indicators suggest that operational pressures have not translated into widespread deterioration in patient satisfaction or complaints. Equally, patient harm incidents remain low and within normal variation.

The operating plan ambition to increase virtual care and achieve improved Hear & Treat performance remains at risk and linked to this, deterioration in Category 2 performance presents a direct risk to achievement of national response standards and will increase the likelihood of patient harm.

What Next?

The Trust has improvement plans in place to support delivery of the operating plan priorities. Focus will remain on implementing the Virtual Care Operating Model, strengthening recruitment and retention within virtual care services, and realising the benefits of the Intelligent Clinical Queue and enhanced care pathways.

Recovery actions are underway to improve Category 2 performance while sustaining the focus on improving cardiac arrest survival outcomes and reducing unwarranted geographical variation.

Progress continues towards embedding the QMS Blueprint, with strengthened divisional governance arrangements providing increasing assurance of local ownership, accountability and oversight of quality improvement across the Trust and focus remains on oversight of patient safety and other quality indicators.



Variation

Special Cause Improvement



0%
0



0%
0

Common Cause



51%
35

Special Cause Concern



0%
0



0%
0

Assurance

Pass



0%
0

Hit and Miss



0%
0

Fail



0%
0

No Target



100%
68

Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Mar-26	92.2%	79.4%	90.6%		
Board	**Cardiac Arrest - Post ROSC %	Apr-26	79.8%	83%	77.5%		
Board	**Cardiac ROSC ALL %	Apr-26	29%	28.4%	29.8%		
Board	**Cardiac ROSC Utstein %	Apr-26	60%	53.9%	55.7%		
Board	**Cardiac Survival ALL %	Apr-26	14.3%	11.4%	12.5%		
Board	**Cardiac Survival Utstein %	Apr-26	43.6%	34.1%	33.8%		
Board	Compliant NHS Pathways Audits (Clinical) %	Aug-26	75.9%	100%	82.5%		
Board	Compliant NHS Pathways Audits (EMA) %	Aug-26	82.5%	100%	82.8%		
Board	Hear & Treat %	Aug-26	16.3%	19.7%	15.9%		
Board	See & Convey %	Aug-26	52.6%	55%	53.7%		
Board	See & Treat %	Aug-26	31%	35%	30.1%		
Supporting	A&E Dispositions %	Aug-26	5.7%	9%	6.2%		
Supporting	PGD Compliance %	Aug-26	95.8%	95%	96.1%		
Supporting	Health & Safety Training Compliance	Aug-26	80%	100%	84.7%		
Supporting	Compliance with Audit Feedback Within Timeframe	Jun-26	88.3%	100%	93.6%		
Supporting	Falls Care Bundle Compliance	Jun-26		46.6%			
Supporting	Mean Average Time from Call to Catheter Insertion (STEMI)	Mar-26	02:28:00	02:31:00	02:17:15		
Supporting	90th Centile Time from Call to Catheter Insertion (STEMI)	Mar-26	03:32:00	03:27:00	03:08:21		
Supporting	Mean Average Time from Call to Arrival at Hospital (Stroke)	Mar-26	01:32:00	01:27:00	01:32:41		
Supporting	Median Time from Call to Arrival at Hospital (Stroke)	Mar-26	01:21:00	01:18:00	01:18:56		
Supporting	90th Centile Time from Call to Arrival at Hospital (Stroke)	Mar-26	02:19:00	02:14:00	02:19:08		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Aug-26	00:02:27	00:00:20	00:01:52		
Board	999 Call Answer Mean	Aug-26	00:00:11	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Aug-26	00:00:41	00:00:10	00:00:08		
Board	Cat 1 Mean	Aug-26	00:07:24	00:07:00	00:08:12		
Board	Cat 1 90th Centile	Aug-26	00:14:42	00:15:00	00:15:19		
Board	Cat 2 Mean ★	Aug-26	00:29:22	00:25:04	00:27:46		
Board	Cat 2 90th Centile	Aug-26	00:58:38	00:40:00	00:55:56		
Supporting	Cat 3 90th Centile	Aug-26	05:34:27	02:00:00	04:39:41		
Supporting	Cat 4 90th Centile	Aug-26	06:04:35	03:00:00	04:59:54		
Supporting	Section 136 Mean Response Time	Aug-26	00:23:12	00:18:00	00:23:10		

Pathways of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Aug-26	01:46:30	01:47:00	01:49:56		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Aug-26	11.2%	11.6%	10.7%		
Board	Mental Heath & Addiction: Hear & Treat %	Aug-26	14.8%	21.4%	16.3%		
Board	Mental Heath & Addiction: See & Treat %	Aug-26	33.6%	32.9%	37.5%		
Board	Palliative and End of Life Care, Dying: See & Treat %	Aug-26	77.1%	76.7%	78.1%		



Variation

Special Cause Improvement



Common Cause



Special Cause Concern



Assurance

Pass



Hit and Miss



Fail



No Target



Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Aug-26	21.3%		20.8%		
Board	CFR Backup Time (CFR First on Scene) Mean	Aug-26	00:19:57		00:18:45		
Board	Responses Per Incident	Aug-26	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Aug-26	01:33:58	00:50:00	01:35:18		
Supporting	JCT Allocation to Clear at Hospital Mean	Aug-26	01:45:54	01:58:26	01:47:59		
Supporting	JCT Allocation to Clear at Scene Mean	Aug-26	01:18:41	01:30:22	01:18:30		

Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Aug-26	105712		99786.8		
Supporting	999 Calls Answered	Aug-26	83826		78436.6		
Supporting	CFR Attendances	Aug-26	1501	2000	1796.5		
Supporting	Incidents	Aug-26	67878		67469.8		

Health Inequalities

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
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Pending metric: Reduce Health Inequalities - Needs to be defined

Pending metric: Ratio of CFRs (or Good SAM Responders) by Areas of Deprivation - Needs to be defined

Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Harm Incidents per 1000 Incidents	Jun-26	3.2	2.85	3		
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Jun-26	2.6%	1.7%	2.1%		
Supporting	Duty of Candour Compliance %	Jun-26	81.2%	100%	89.4%		
Supporting	Number of Medicines Incidents	Aug-26	178		182.6		
Supporting	Hand Hygiene Compliance %	Aug-26	0%	90%	78.9%		
Supporting	Safe in Back Audits	Dec-25	70%		28.7%		
Supporting	Number of Learning Responses Commissioned	Jun-26	13		7.3		
Supporting	Number of Level 4 Safeguarding Referrals Made	Aug-26	287		258.4		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Aug-26	0.6	0.49	0.9		
Board	Number of Compliments Received per 1000 Incidents	Aug-26	1.9	1.82	1.9		
Board	% of Patients Who Express Satisfaction With Our Service	Aug-26	91.2%	95%	90.6%		
Supporting	Complaints Reporting Timeliness %	Jun-26	94%	95%	85.3%		
Supporting	Complaints That Have Resulted In Learning For The Trust %	Aug-26	52%	95%	44.9%		
Supporting	No. of PEQs Received Across the Trust Per Month Per 1000 Incidents in 999	Aug-26	1.4		1.3		



Variation

Special Cause Improvement



6%
4



12%
8

Common Cause



47%
32

Special Cause Concern



3%
2



0%
0

Assurance

Pass



4%
3

Hit and Miss



35%
24

Fail



18%
12

No Target



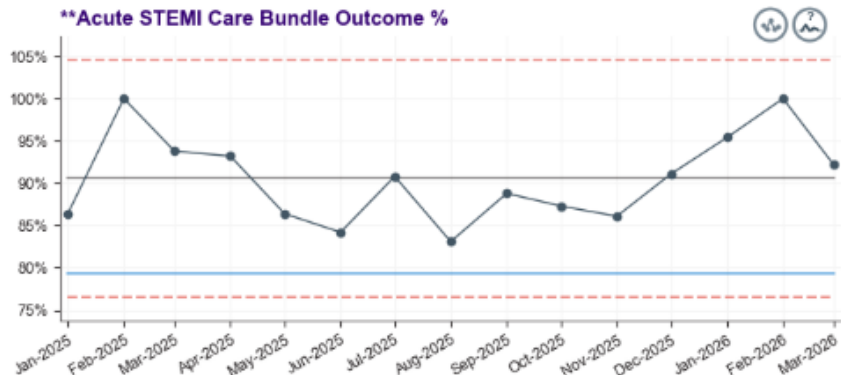
43%
29

EPRR

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	HART Incidents Attended / Activations	Aug-26	147		151.8		
	HART Support to 999 Ops Figures	Aug-26	88		83		
	HART Mobilisation Time (Within 15 Minutes)	Dec-25					
	HART Incidents	Aug-26	59		68.8		
	HART C1 Mobilisation Time (60 seconds)	Mar-26					
	HART Capability Utilisation (SSOW)	Mar-26					



**Acute STEMI Care Bundle Outcome %



M-5

Dept: Medical

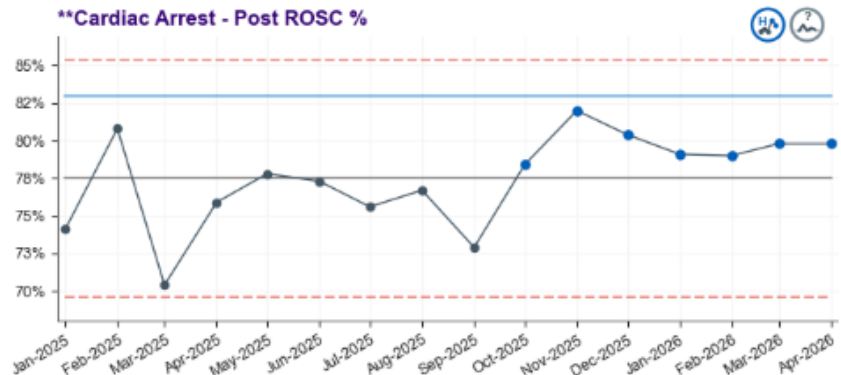
Metric Type: Board

Latest: 92.2%

Target: 79.4%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Cardiac Arrest - Post ROSC %



M-11

Dept: Medical

Metric Type: Board

Latest: 79.8%

Target: 83%

Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

What?

STEMI care bundle compliance remains well above the 79.4% target. Performance continues to demonstrate sustained improvement, with compliance consistently maintained above target since late 2024.

So what?

This sustained high performance indicates that the STEMI care bundle remains firmly embedded in routine clinical practice with patients reliably receiving the key elements of evidence-based STEMI care. The continued stability of the measure suggests that both frontline clinical delivery and audit processes remain robust and resilient despite operational pressures.

What next?

Continue monitoring to ensure this high level of compliance is maintained and that learning from the STEMI pathway continues to inform improvement approaches in other time-critical care bundles. There are potential changes to the national standards, but they are unlikely to be implemented in this financial year. Currently those changes to the care bundle remove options for analgesia, if implemented, these changes are likely to reduce compliance. Currently we are challenging the changes as it may leave more patients in pain or waiting longer for definitive care.

What?

Post-ROSC care bundle compliance has shown a significant improvement over the past 6 months.

So what?

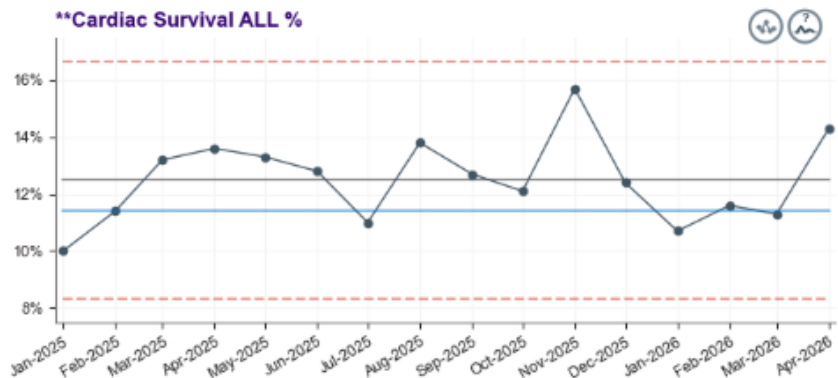
This measure provides assurance around the consistency of post-resuscitation processes but should be interpreted as a process indicator rather than a direct outcome measure. There remains no clear evidence that compliance with this bundle alone improves patient outcomes, and the primary indicators of pathway effectiveness remain the survival and neurological outcome metrics. This improvement is not fully understood, it has not been caused by improvement in any specific element. It may be due to the roll out of CCP-led feedback to clinicians or the effects of the Key Skills resuscitation module.

What next?

Continue phased implementation of the endorsed CCP-led post-cardiac arrest feedback approach, recognising that improvements in process measures are likely to be incremental while staffing capacity and competing workstreams are balanced. Monitoring will continue alongside survival and ROSC outcomes to ensure a comprehensive view of cardiac arrest pathway performance. A broader approach to patient outcomes following an OHCA will be supported through the Reversible Cardiac Arrest Model of Care.



**Cardiac Survival ALL %



M-4

Dept: Medical

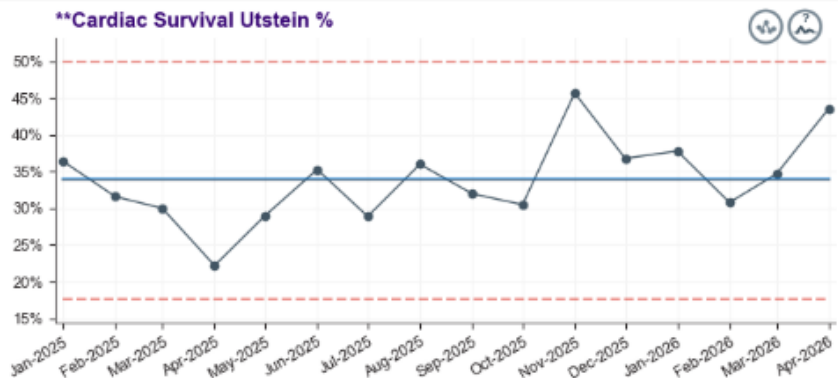
Metric Type: Board

Latest: 14.3%

Target: 11.4%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Cardiac Survival Utstein %



M-3

Dept: Medical

Metric Type: Board

Latest: 43.6%

Target: 34.1%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Cardiac ROSC ALL %



M-2

Dept: Medical

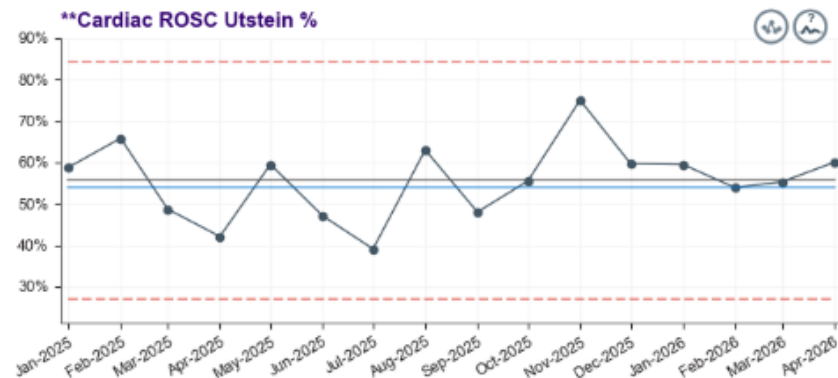
Metric Type: Board

Latest: 29%

Target: 28.4%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Cardiac ROSC Utstein %



M-1

Dept: Medical

Metric Type: Board

Latest: 60%

Target: 53.9%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

Overall cardiac arrest survival is well above the 11.4% target, and roughly 3% above national averages, while Utstein survival is also above target. Both measures remain within common cause variation with no statistically significant change. Overall survival continues to track above target, with signs of a sustained improvement on 2024/25 figures. The Utstein cohort shows expected month-to-month variability around the target line.

So what?

The continued above-target performance in overall survival suggests the cardiac arrest pathway remains resilient and is delivering positive outcomes across the wider patient population. The variable Utstein figure reflects normal statistical fluctuation within a smaller cohort and should be interpreted alongside the stable overall survival performance. As highlighted previously, survival outcomes remain the most meaningful indicator of pathway effectiveness and should be considered in conjunction with ROSC and post-ROSC process measures rather than in isolation.

What next?

Continue to prioritise monitoring of survival outcomes as the primary measure of impact while using ROSC and post-ROSC metrics to provide supporting assurance around pathway delivery. Ongoing system-wide learning and clinical oversight will help maintain stability in outcomes and identify opportunities for incremental improvement as longer-term trends develop with oversight by the Cardiac Arrest Outcomes Improvement Programme and the Reversible Cardiac Arrest Pathway of Care.

What?

ROSC rates for all cardiac arrest patients remains aligned to the target, while ROSC for the Utstein cohort is slightly above target. Both measures remain within common cause variation with no statistically significant change. Overall ROSC continues to fluctuate around the target line, while the Utstein measure shows variability typical of smaller cohort sizes.

So what?

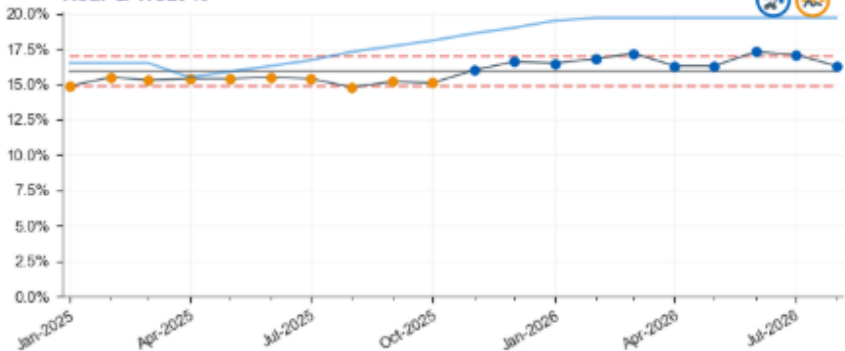
The above-target performance in the Utstein group this month is reassuring, as this cohort represents patients most likely to benefit from early resuscitation interventions. The overall ROSC figure remains broadly stable and close to target, suggesting that early resuscitation processes remain embedded across the system. As with other cardiac arrest metrics, ROSC should be interpreted alongside survival outcomes, which remain the most meaningful indicators of pathway effectiveness.

What next?

Continue to monitor ROSC measures as supporting indicators of early resuscitation performance while maintaining focus on survival outcomes as the primary markers of impact. Combined interpretation of ROSC, post-ROSC care, and survival trends will continue to inform system learning and guide incremental improvements across the cardiac arrest pathway.



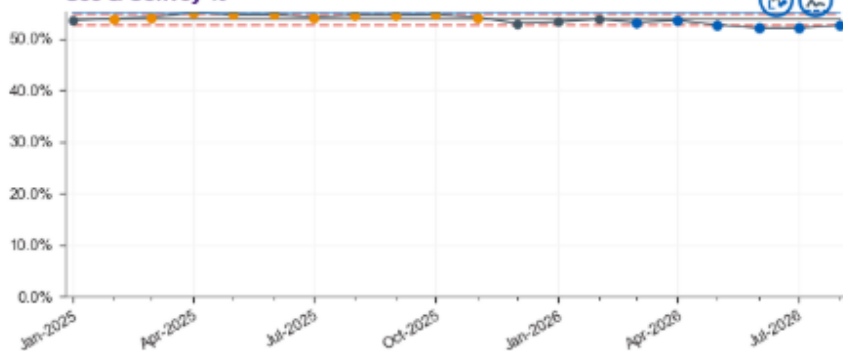
Hear & Treat %



999-9

Dept: Operations 999
Metric Type: Board
Latest: 16.3%
Target: 19.7%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

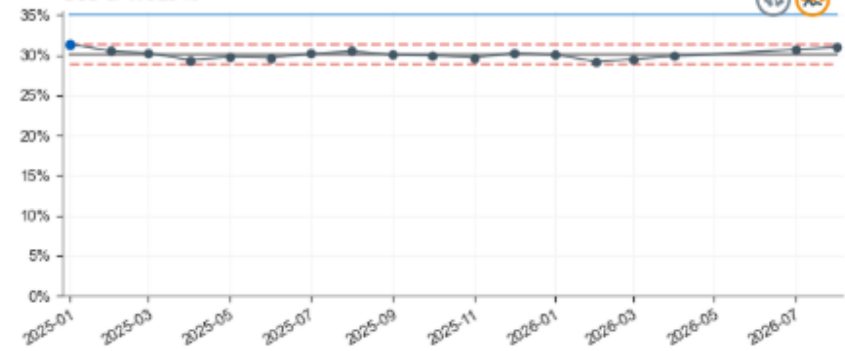
See & Convey %



999-9

Dept: Operations 999
Metric Type: Board
Latest: 52.6%
Target: 55%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

See & Treat %



999-9

Dept: Operations 999
Metric Type: Board
Latest: 31%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

See & Treat and See & Convey

What?

See & Treat and See & Convey rates remain stable

So what?

It should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

What next?

Work continues with health system partners and SECamb colleagues (cross-directorate), to make improvements to pathways, alongside enhancing utilisation of Hubs in the region to support reductions in avoidable ED conveyance and increasing H&T rates. Further targeted promotion of H&T and Virtual care across operating units continues, with Operating Unit Managers taking the lead in increasing H&T % and productivity.

Hear & Treat

What?

Hear & Treat dropped slightly in July compared to the previous month and remains behind the Trust's Hear & Treat target trajectory. There is real variability daily with causal reasons including clinical staffing levels, requirement for emergency rule use within the call handling function which is an early triage cut off and prevents hear and treat outcomes being delivered by call handlers and out of hours periods where higher hear and treat is often seen to be delivered at the weekends. This influences the Trust's ability to deliver the target levels consistently.

So what?

Work is continuing on the virtual care programme, with key stakeholder groups focusing on particular areas including the Virtual Care Digital Delivery group and the Virtual Care Steering Group.

Work continues at a local level in all directorates to deliver productivity and performance from virtual care staff, however this is not necessarily co-ordinated centrally to make it as effective a deliverable as it could be.

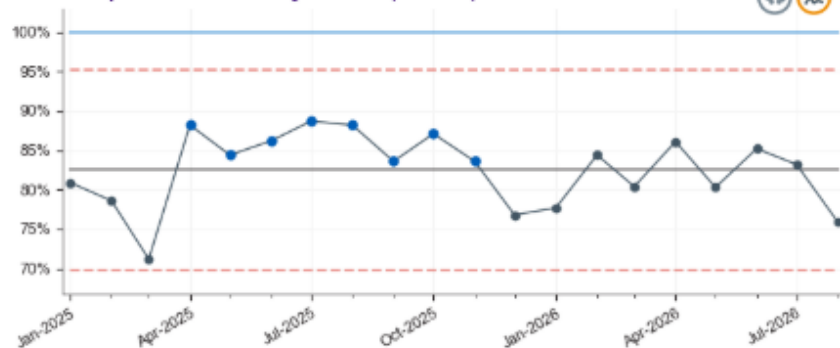
The recruitment and training programme for both Integrated Care substantive staff and operational band 6 colleagues into virtual care continues with mentoring now occurring more locally. Although one course was cancelled in August due a lack of booked spaces, bookings are maximised over the coming few months.

What next?.

- The Intelligent Clinical Queue (ICQ) has now rolled out Trust wide and sees all virtual care clinicians and APPs now having incidents presented to them for triage as opposed to selecting the next case. A recent workshop was held to build the next phase of the ICQ where operational colleagues were asked to join and share their learns and be able to part of building the new model.
- The Nursing directorate has led on a recruitment pilot programme for band 6 and 7 roles within Integrated Care which has seen 2 revamped job descriptions with accompanying job titles, adverts and campaigns to be launched to support recruitment into Integrated care.



Compliant NHS Pathways Audits (Clinical) %



M-20

Dept: Nursing & Quality
Metric Type: Board
Latest: 75.9%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

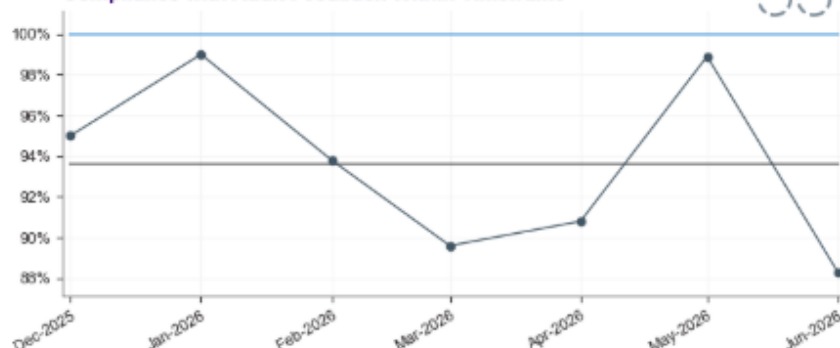
Compliant NHS Pathways Audits (EMA) %



M-22

Dept: Nursing & Quality
Metric Type: Board
Latest: 82.5%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Compliance with Audit Feedback Within Timeframe



QS-53

Dept: Quality & Safety
Metric Type: Supporting
Latest: 88.3%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

What?

Clinical call audit compliancy is centering around the mean, showing less variation, but not yet improving. There is no national compliancy target but SECamb remains roughly 5-10% lower than SCAS and WMAS. Audit feedback is delivered within timeframe in 90-96% of cases.

So what?

Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC clinical team. Feedback is within tolerances, up to 10% of cases can miss the feedback deadline for reasons such as annual leave, absences and turnover of staff. This is particularly pertinent in the summer months due to annual leave.

What next?

The QI project continues to assess the root cause of the lower compliance. Clinicians are now remaining on NHS Pathways and are not being moved to PACCs until further assurance is gained. Dashboards are being revised to closely monitor teams' performance at staff level as well as teams' level. Feedback processes are being revised to ensure delivery is focussed on clinicians with low compliancy and high-risk audits. Feedback will be monitored to ensure there is no immersing decline in performance and the EOC PD team are getting involved in mentoring new staff.

What?

EMA call audit compliancy is showing early signs of sustained improvement.

So what?

Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC team. Improved compliancy would suggest that EMA call handling is safe and within policy.

What next?

A QI project is addressing the low compliancy for clinical calls. Once complete any transferable actions will be implemented for EMA auditing. A new project, triangulating Training, Audit and Management aims to address any inconsistencies in the messaging to EMAs.



Cat 1 Mean



999-2

Dept: Operations 999
Metric Type: Board
Latest: 00:07:24
Target: 00:07:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

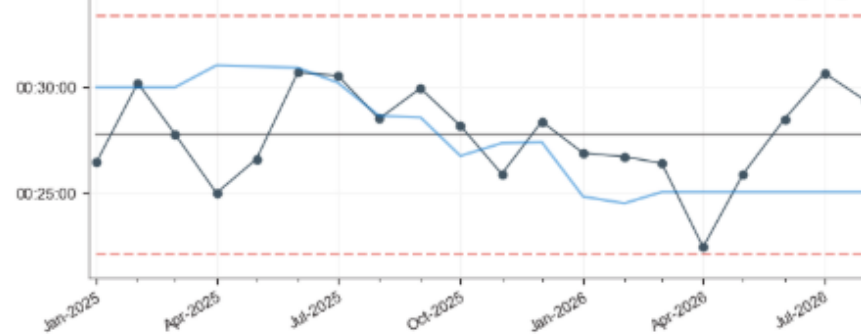
Cat 1 90th Centile



999-2

Dept: Operations 999
Metric Type: Board
Latest: 00:14:42
Target: 00:15:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Cat 2 Mean ★



999-4

Dept: Operations 999
Metric Type: Board
Latest: 00:29:22
Target: 00:25:04
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Cat 2 90th Centile



999-4

Dept: Operations 999
Metric Type: Board
Latest: 00:58:38
Target: 00:40:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Cat 1 Performance

What?

C1 mean performance in August was 07:25 against an ARP target of 7 minutes

So what?

C1 Mean and C1 90th centile performance has been stable across the summer months despite the challenging summer heat wave conditions.

What next?

Stable performance despite activity increases (all categories of call) indicates positive management and prioritisation of CI calls. Drive improve C1 responsive continues.

Cat 2 Performance

What?

August C2 mean was 29:22

So what?

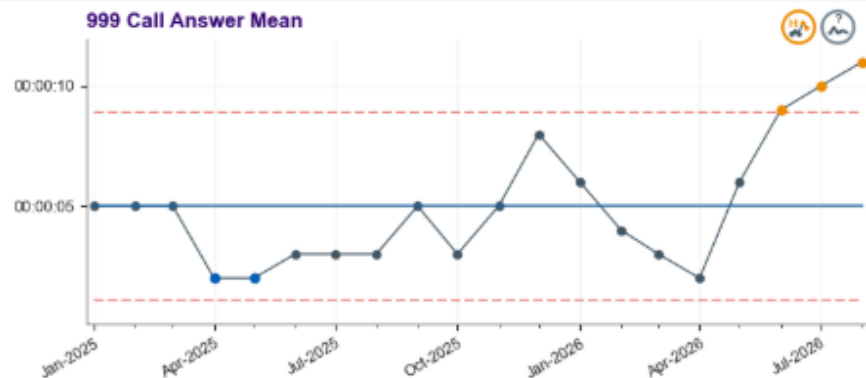
C2 performance deteriorated in August corresponding with operational staffing challenges although activity/demand was more aligned with forecast than earlier in the summer.

What next?

C2 mean target for 2026/27 is 25min with a monthly variable target in recognition that pressure will vary throughout the year. Worsening C2 performance over the summer months has negatively impacted upon the planned trajectory. The operational leadership team remain focused on mitigating against further deterioration and are sighted on potential for further periods of pressure in the summer months related to possible extreme heat events.



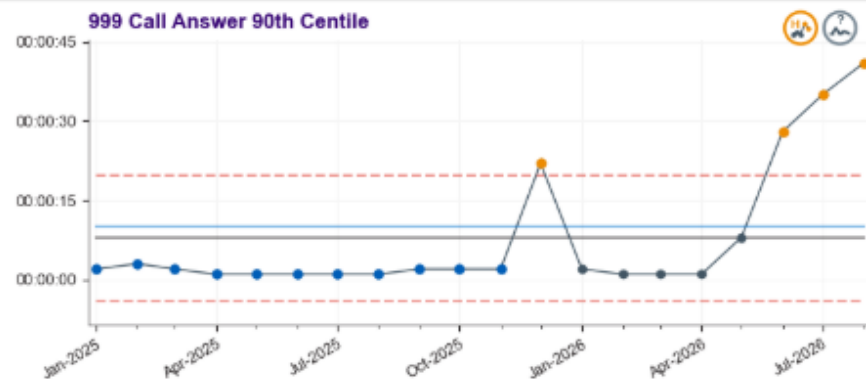
999 Call Answer Mean



999-1

Dept: Operations 999
Metric Type: Board
Latest: 00:00:11
Target: 00:00:05
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

999 Call Answer 90th Centile



999-1

Dept: Operations 999
Metric Type: Board
Latest: 00:00:41
Target: 00:00:10
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

111 Average Speed to Answer



111-9

Dept: Operations 111
Metric Type: Board
Latest: 00:02:27
Target: 00:00:20
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

111 Call Handling Performance

What?

The 111-service transitioned to a revised operating model in 25/26, with a new sub-contractor operating configuration and contract in place. The Trust has also agreed a new 111 contract variation, which extends the current 111 service until the end of 26/27.

So what?

The model has been embedded successfully with improved call handling metrics. In August, the rate of abandoned calls was 8.7%, and the average speed to answer down to 147 secs. Overall, the service's operational and clinical metrics have improved with a more equitable split of activity between SECAmb and its sub-contractor. The call splits (operationally and clinically) are reviewed monthly to maintain performance and to ensure contractual compliance.

What next?

The service is now in a period of stabilisation and is continuing to evolve to find efficiencies and optimise performance. Recruitment remains positive, with steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being adjusted according to requirements.

"Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. Given the focus on increasing the number of bank GPs in the service, following the changes in operating model, the service is suspending increasing its number of non-clinical Hybrid workers in H2, 25/26. The Trust submitted in Q4 a revised 111 workforce model aligned to the new 111 Contract Variation.

What?

In July and August, performance remained outside the AQI target of 5 seconds: mean call-answer times were 10 seconds in July and 11 seconds in August. For both months, the NHS E average fell to 6 seconds, alongside increased activity associated with the extreme weather.

The IRP 999 resilience call-overflow model remains in use, enabling calls to move more readily between 999 services. Through this arrangement, SECAmb continues to assist SCAS and YAS with answering 999 calls.

There are currently 272 WTE call handlers (including Diamond Pods) taking live calls against a budget of 295 WTE, with a further 16.23 WTE in training or receiving mentoring. Training activity has balanced staff turnover during 25/26 and helped maintain good service performance.

Sickness absence and other abstraction levels stayed high throughout July and August.

So what?

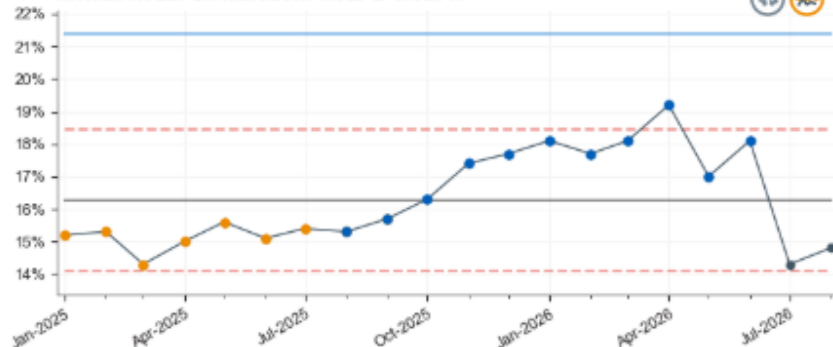
By maintaining consistent 999 call-answering performance, SECAmb has avoided a recurrence of the lengthy waits experienced before and immediately after the 2023 move to the Medway contact centre. Patients therefore receive a more timely ambulance response, while EMAs face less pressure and reduced moral injury associated with prolonged waits for 999 calls to be answered. Overall ARP performance also benefits, and SECAmb is able to assist other ambulance trusts.

What next?

SECAmb will review its IRP support arrangements with other trusts to ensure its own performance and resilience remain the priority. Recruitment and retention strategies will continue to be developed, supported by enhanced use of the workforce management tool to improve forecasting and workforce planning. Additional leadership capacity is being introduced within EOC Call Handling to support the development of leaders and strengthen operational oversight, while work continues to expand the dual-skilled 999 and 111 Integrated Care Call Handler workforce, increasing operational flexibility and supporting long-term service resilience.



Mental Health & Addiction: Hear & Treat %



QS-82

Dept: Quality & Safety
Metric Type: Board
Latest: 14.8%
Target: 21.4%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Mental Health & Addiction: See & Treat %



QS-83

Dept: Quality & Safety
Metric Type: Board
Latest: 33.6%
Target: 32.9%
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Palliative and End of Life Care, Dying: See & Treat %



QS-84

Dept: Quality & Safety
Metric Type: Board
Latest: 77.1%
Target: 76.7%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

Continued slight trend increase in our hear and treat response to mental health incidents and a continued decrease in our see and treat response to mental health incidents.

So what?

See & Treat Mental Health Incidents have a 90% no further action outcome. Dealing with these incidents virtually results in better patient outcomes as patients get the help and support sooner and more effectively.

What next?

Continued work on improving the mental health pathway of care, working on direct access into mental health services from our virtual care clinicians, as well as development of a mental health virtual care guidance tool for clinicians to utilise. Once these workstreams have been mobilised it is expected there will be a more significant trend shift.

What?

Our S&T rate remains stable.

So what?

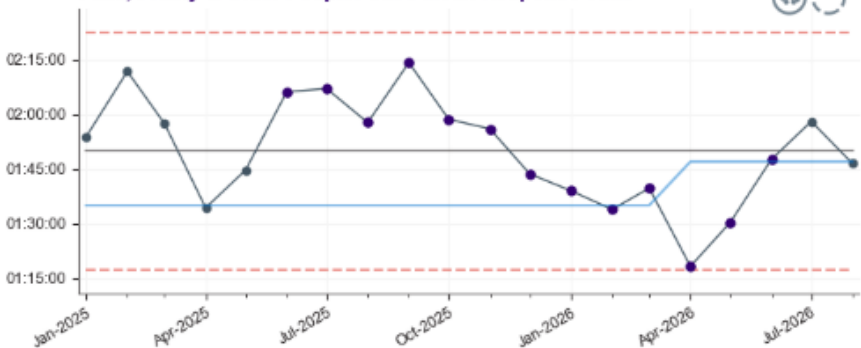
Throughout the programme we expect to see EOLC S&T rates fall over the years. We have pushed for our clinicians to code EOLC patients more accurately over the last year, therefore we expect to see a rise before a gradual decline as more patients are coded as EOLC. However, there is significant complexity in the PaEOLC system currently. Hospices are reducing and closing services, community teams do not have any increase in capacity to bridge this expanding gap. Additionally, a coordinated PaEOLC workforce has not been established within Surrey & Sussex ICB following their restructure. There are no plans to re-start the NHSE SE regional network meetings, which have previously supported our work.

What next?

We will continue to work with the wider healthcare system in line with the MoC objectives.



Falls, Frailty & Older People: Cat 3 Mean Response Time



QS-42

Dept: Quality & Safety

Metric Type: Board

Latest: 01:46:30

Target: 01:47:00

Common cause variation, no significant change.

Falls, Frailty & Older People: H&T % - Non-Injury Falls



QS-44

Dept: Quality & Safety

Metric Type: Board

Latest: 11.2%

Target: 11.6%

Common cause variation, no significant change.

What?

Category 3 mean response times for falls, frailty and older people have shown a small increase since April 2026, rising from approximately 1 hour 15 minutes to 1 hour 45 minutes. Despite this recent increase, performance remains within the expected range of variation and continues to demonstrate an overall improving trend compared with earlier periods. Current performance (1:47:37) remains above the target of 1:35:00.

So what?

Although response times have lengthened slightly in recent months, the overall trend indicates sustained improvement in access to care for this vulnerable patient cohort. Faster responses help reduce the time patients spend waiting for assessment and support following a fall, lowering the risk of deterioration, discomfort and complications associated with prolonged periods on the floor. Continued improvement will enhance patient experience and outcomes, although further work is needed to consistently achieve the target response time.

What next?

Continue to work with care homes, CFRs and virtual clinicians to ensure appropriate management of patients within this cohort.

What?

% of CFRs first on-scene saw an increase in May and June. CFRs are being trained to attend non-injury falls, assist the patient off of the floor and check for any injuries. These calls will then be virtually consulted and completed via H&T, Onward referral or upgraded to an ambulance dispatch, where appropriate. % of H&T for non-injury falls has increased.

So what?

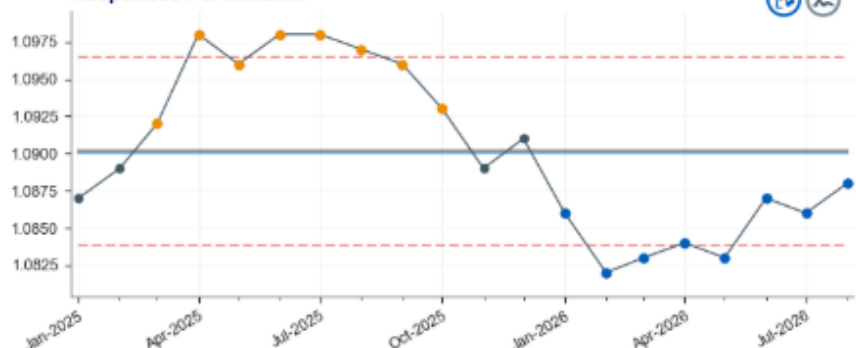
Patients who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will reduce time spent on the floor whilst ensuring our ambulances remain available for patients with emergency care needs and avoid duplicating resources at an incident unnecessarily.

What next?

Continue to roll out the CFR training. Continue recruitment of CFRs. Ensure that the process to dispatch CFRs is embedded within the EOC.



Responses Per Incident



999-17

Dept: Operations 999
Metric Type: Board
Latest: 1.1
Target: 1.09
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

CFR Backup Time (CFR First on Scene) Mean

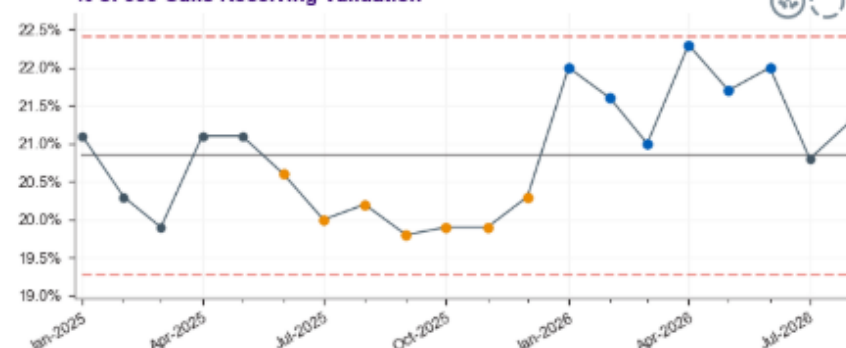


999-36

Dept: Operations 999
Metric Type: Board
Latest: 00:19:57

Common cause variation, no significant change.

% of 999 Calls Receiving Validation



999-34

Dept: Operations 999
Metric Type: Board
Latest: 21.3%

Common cause variation, no significant change.

Responses Per Incident (RPI)

What?

August saw slight increase but not statistically significant and has remained within target since Jan.

So what?

This means the Trust is on average dispatching fewer resources to each incident, thereby having an positive impact on ambulance availability elsewhere.

What next?

Monitoring of RPI and oversight of dispatch is now supported by the Service Delivery Manager 24/7.

% 999 Calls Receiving Validation

What?

The % of calls clinically validated saw a decline for the month of August which coincided with the drop in clinical hours for the month. The month sees a slight rise in productivity across the virtual care team which is rising month on month. Whilst number of C2 Streaming cases remains consistent – reductions are seen across C3/4 incidents over the past 3-4 months, as well as C5 incidents over the past 2 months.

So what?

Focus is needed on maintaining and improving clinical rota fill for virtual care to continue to improve. Further improvements on C2 streaming activities can be made if capacity within staffing levels rise.

What next?

The Trust needs to continue building the virtual care workforce through its recruitment campaigns and pending new pilot for Integrated Care alongside continued monitoring and support to improve productivity amongst staff.



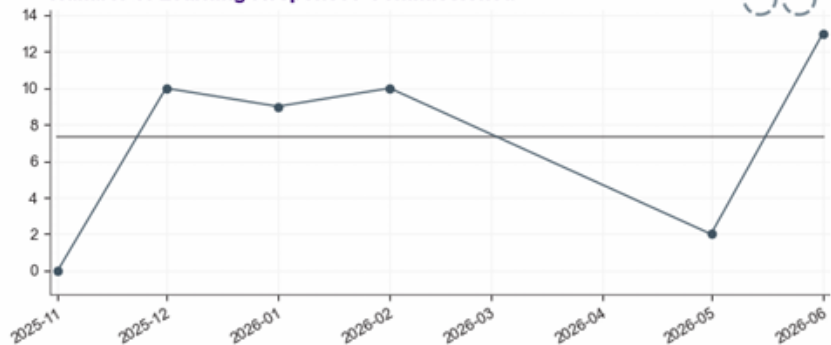
% of PSI (Datix) Where Final Harm is Moderate or Above



QS-37

Dept: Quality & Safety
Metric Type: Board
Latest: 2.6%
Target: 1.7%
Special cause or common cause cannot be given as there are an insufficient number of points.

Number of Learning Responses Commissioned

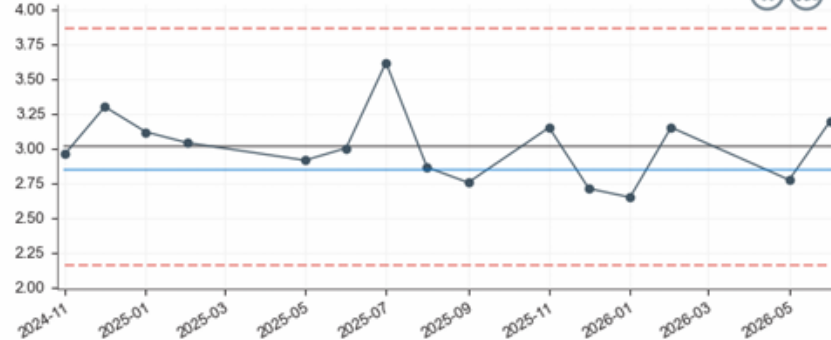


QS-49

Dept: Quality & Safety
Metric Type: Supporting
Latest: 13

Special cause or common cause cannot be given as there are an insufficient number of points.

Harm Incidents per 1000 Incidents



QS-29

Dept: Quality & Safety
Metric Type: Board
Latest: 3.2
Target: 2.85
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

The percentage of patient safety incidents resulting in moderate, severe or fatal harm was 4.6% in May 2026. This has dropped to 2.6% in June. Although, this is above the target of 1.7%, the reduction is significant. All of these incidents continue to be scrutinised at the Divisional Incident Review Groups (IRG).

So What?

There are insufficient data points to establish a special cause variation on an SPC. However, the high % of incidents causing harm in May appears to have been reflected in the much higher number (13) of learning responses commissioned in June 2026. Further, the May spike is also shown in a high number of Duty of Candour conversations in May although there is a reduction in June 2026 (see next slide).

What next?

Continue to monitor themes resulting in harm and articulate and implement improvement plans. Provide ongoing training on learning response facilitation to increase capacity and capability.

What?

The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 3.2 in June. Although there are insufficient data points to establish a special cause variation on an SPC, the spike in June could be related to the recent spell of hot weather and the resulting declaration of critical incidence.

So What?

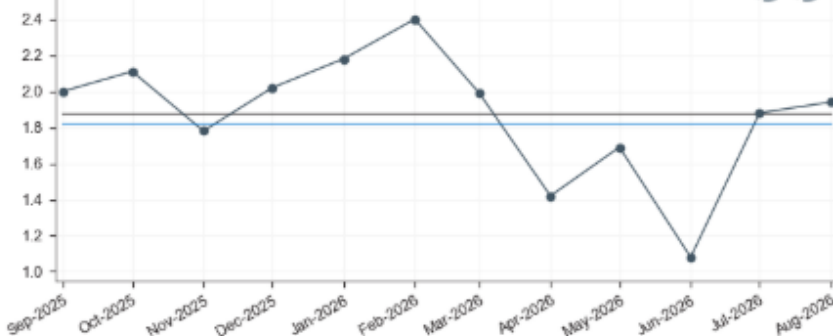
The number of patients who came to harm for every 1000 incidents was 3.2, exceeding the target of 2.85. Although, this increase does not represent a statistically significant change, the data will be tracked and monitored in coming months.

What next?

The Incident Review Groups continue to monitor emerging themes, commission learning responses, implement safety changes and highlight risks to our teams. Further, we are progressing work on recently identified new priority themes which will now be supported with relevant activities to raise awareness corporately.



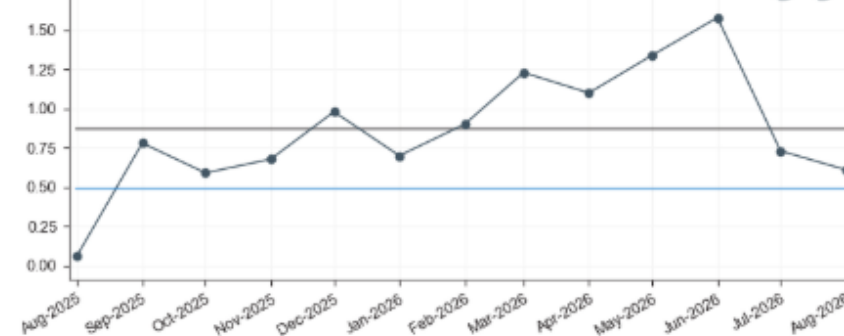
Number of Compliments Received per 1000 Incidents



QS-48

Dept: Quality & Safety
Metric Type: Board
Latest: 1.9
Target: 1.82
Special cause or common cause cannot be given as there are an insufficient number of points.

Number of Complaints per 1000 Incidents Responded to (Patients)



QS-38

Dept: Quality & Safety
Metric Type: Board
Latest: 0.6
Target: 0.49
Special cause or common cause cannot be given as there are an insufficient number of points.

% of Patients Who Express Satisfaction With Our Service



QS-61

Dept: Quality & Safety
Metric Type: Board
Latest: 91.2%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

The number of compliments received per 1,000 incidents increased to 1.9%. This is above the organisational target of 1.82%. PEQ satisfaction scores remain within expected variation with latest figures recorded at 91.2%, although slightly lower than the target of 95%.

So what?

Compliments continue to provide valuable insight into positive patient experience, compassionate care, and areas of good practice. Feedback themes support staff recognition, organisational learning, and service improvement. Current data does not indicate any significant deterioration in overall patient experience trends.

What next?

The Trust will continue to monitor compliment trends alongside wider patient experience data. Work is progressing to implement SMS-based PEQs to improve response rates and demographic representation, alongside strengthening processes for capturing and sharing learning from compliments.

What?

The total number of complaints received in July and August reduced with August being the lowest number received since May 2025,.

So what?

This is a significant reduction in complaints received in the previous five months.

143 complaints were closed in July and August with 55% having learning identified from the completed investigation.

What next?

Complaint numbers and themes/trends will continue to be monitored to identify at the earliest opportunity any deterioration in patient experience.

Our people enjoy working at SECAmb



People



What?

People metrics remained broadly stable across July and August despite ongoing organisational change, with reductions in sickness absence, positive workforce culture indicators and continued progress in workforce equality measures. Sickness absence reduced to 6.65%, supported by a continued reduction in long-term sickness cases, while turnover increased slightly as restructuring programmes progressed. Workforce numbers and vacancy rates remain aligned to workforce and financial planning assumptions, with recruitment activity beginning to increase in support of organisational change programmes. Employee relations activity remained broadly balanced, with more disciplinary and grievance cases closing than opening; however, several long-standing cases remain unresolved and continue to impact colleague experience. 12 of these relate to historic collective issues around Agenda for Change which we are working with our TU colleagues on resolving. Appraisal compliance currently stands at 79.74%, with many areas continuing to achieve or exceed the 85% Trust target. Alongside the ongoing delivery of appraisal training and the development of role-specific questionnaires, Learning and Development is working with colleagues to ensure appraisal requirements are effectively incorporated into the new Workforce Management (WFM) system, supporting a more streamlined and consistent approach.

Cultural indicators remain positive, with active Freedom to Speak Up engagement, reduced Sexual Safety caseloads and no reports of detriment. Training compliance remains above the Trust threshold, while appraisal compliance remains below the Trust target despite many areas continuing to achieve or exceed the 85% benchmark.

Performance against meal break measures remained strong during August, with compliance above target and further improvements seen in meal breaks taken within the designated timeframe. A deterioration was observed in a related performance measure during August; however, performance remains within the agreed target.

Early indicators from the Trust's 2026 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports demonstrate continued progress in a number of key areas, including more equitable recruitment outcomes, increased confidence in career progression, improved reporting of workplace concerns, and greater access to reasonable adjustments for disabled colleagues. Whilst improvements are evident, some areas of inequality remain.

So what?

The overall position suggests a stable workforce environment despite ongoing organisational change and cost improvement activity. The continued reduction in sickness absence is encouraging and provides early evidence that the Trust's renewed focus on wellbeing, attendance management and executive oversight is having a positive impact. While staff turnover has increased, current trends largely reflect planned organisational change. Continued oversight will be important to ensure workforce reductions do not adversely affect key operational services. Employee relations indicators demonstrate improving case throughput, although the time taken to resolve some historic cases continues to affect colleague experience.

Cultural measures provide assurance that colleagues continue to raise concerns and access available support mechanisms, while training compliance remains consistently above the Trust standard. Although appraisal compliance remains below the Trust target, many areas continue to achieve or exceed the 85% benchmark. The ongoing development of the new Workforce Management (WFM) system provides an opportunity to simplify the appraisal process, strengthen monitoring and reporting arrangements, and enhance the experience for both colleagues and managers, while maintaining a focus on the quality and developmental value of appraisal conversations.

The sustained meal break performance indicates that existing controls and management actions are effectively supporting staff welfare whilst balancing operational demand. Continued compliance helps reduce staff fatigue and contributes to a healthy and productive workforce. The deterioration in performance is likely attributable to the increased operational pressures experienced during the reporting period. Despite this, performance remains within tolerance, demonstrating the continued commitment of teams to maintaining standards within a challenging operational environment.

These early findings within the WRES/WDES suggest that the Trust's investment in its EDI Plan, staff networks, leadership development, inclusive recruitment practices and reasonable adjustment initiatives is beginning to have a positive impact on colleague experience and workforce equality. However, disparities remain in areas such as disciplinary and capability processes, experiences of discrimination, and representation at senior levels, highlighting the need for sustained action.

What next?

Focus will continue on sustaining improvements in workforce wellbeing through the implementation of the Wellbeing and Attendance Policy, ongoing executive oversight of sickness absence, and delivery of planned wellbeing initiatives. These include the procurement of a new Employee Assistance Programme and the transition of alternative duties management into People Services. The Trust will continue to monitor the workforce impacts of organisational change, ensuring that turnover, vacancies and recruitment activity remain aligned to operational requirements, transformation priorities and financial plans. Workforce modelling and recruitment review programmes will support longer-term workforce sustainability.

Within Employee Relations, priority will be given to progressing long-standing cases, reducing case duration where possible, strengthening case management arrangements, and continuing to promote early resolution, mediation and respectful workplace behaviours. Ongoing partnership discussions relating to collective issues will remain an important area of focus as this could test the more positive partnership relationship we have established over the past 12 months.

Work will also continue to strengthen organisational culture through Freedom to Speak Up engagement, sexual safety improvement activity and targeted learning interventions. Particular emphasis will be placed on maintaining training compliance above target, supporting implementation of the Workforce Management (WFM) system, refreshing appraisal e-learning, embedding the 70:20:10 learning approach, and providing targeted support to areas below the 85% appraisal compliance target. Development of the Workforce Competence Assurance Framework will continue to provide greater assurance of workforce capability and organisational readiness.

Performance will continue to be closely monitored through established governance arrangements, with daily oversight from Service Delivery Managers and support from Strategic Command. The expanded trial across all operational areas will provide further evidence of effectiveness and inform consideration of wider adoption, while ensuring staff welfare remains a priority and that emerging risks associated with operational pressures are identified and addressed promptly.

The final WRES and WDES reports will be published in October 2026 and presented through the Trust's governance arrangements. Following publication, the Trust will continue delivery of its EDI Action Plan, monitor outcomes through the EDI Dashboard, and implement targeted interventions to address remaining inequalities and strengthen inclusion across the organisation.



Variation

Special Cause Improvement



5%
1



20%
4

Common Cause



50%
10

Special Cause Concern



5%
1



10%
2

Assurance

Pass



10%
2

Hit and Miss



60%
12

Fail



15%
3

No Target



15%
3

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Aug-26	4	1	2.1		
Board	Count of Grievances Closed	Aug-26	8	3	12.5		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Aug-26	1	3	2.5		
Board	Individual Grievances Open	Aug-26	4	5	7.7		
Board	Number of FTSU Concerns Raised	Aug-26	9	21.9	18.6		
Supporting	Bullying & Harrassment Internal	Aug-26	0	2	1.7		
Supporting	Disciplinary Cases	Aug-26	4	3	8.3		
Supporting	Mean Suspension Duration (Days)	Aug-26	133	70	187.4		

Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Aug-26	12.4%	15%	13.2%		
Board	Sickness Absence %	Aug-26	6.6%	5%	6.7%		
Board	Turnover Rate %	Aug-26	1.1%	0.8%	0.9%		
Board	Frontline Staff Vaccinated Against Flu %	Apr-26	67.9%	80%	65.5%		
Supporting	Number of Staff WTE (Excl bank and agency)	Aug-26	4512.9	4579.26	4625.9		
Supporting	Vacancy Rate %	Aug-26	5.3%	5%	2.6%		

Employee Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Aug-26	22.8%	43.4%	44.5%		
Supporting	% of Meal Breaks Taken	Aug-26	98%	98%	98.4%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Aug-26	44.5%	45%	43.2%		

Pending metric: WRES/WDES - Needs to be defined

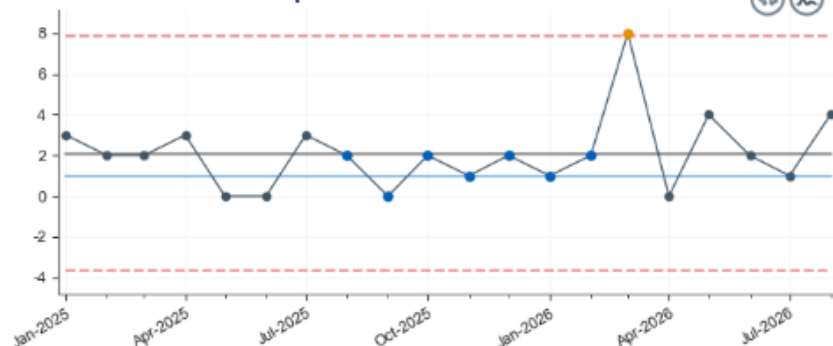
Pending metric: Improved Recommend as Place to Work Metric - Needs to be defined

Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Aug-26	80.3%	85%	73.4%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Aug-26	86.5%		85.3%		

Pending metric: Education - Needs to be defined

Collective Grievances Open



WF-11

Dept: Workforce HR
Metric Type: Board
Latest: 4
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Individual Grievances Open



WF-10

Dept: Workforce HR
Metric Type: Board
Latest: 4
Target: 5
Common cause variation, no significant change. This process will not consistently hit or miss the target.

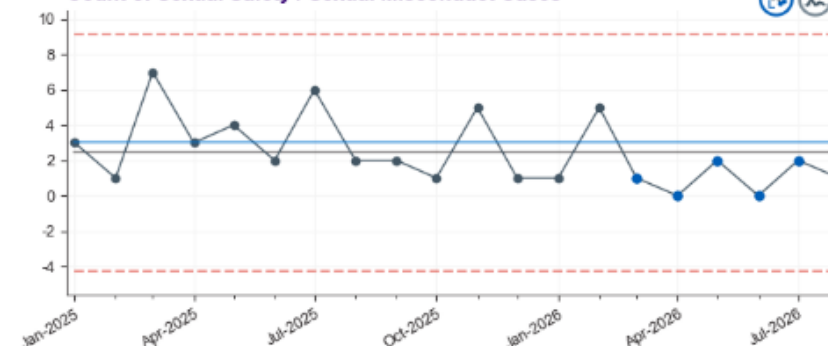
Count of Grievances Closed



WF-42

Dept: Workforce HR
Metric Type: Board
Latest: 8
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Count of Sexual Safety / Sexual Misconduct Cases



WF-41

Dept: Workforce HR
Metric Type: Board
Latest: 1
Target: 3
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

What?

- 21 collective grievances remain open; above target but stable. No grievances closed during the latest period
- There are a total of 65 live grievance cases overall, unchanged from previous month.
- Over the last 12 months, as a result of concerted effort working alongside the business, we have closed 126 grievance cases, and have received 99 new cases.

So what?

- Completed cases took an average 198 days to close. There are currently 12 collective grievances that have been open for more than 6 months which means These will not move until we address long-standing terms and conditions issues and historical pay cases

What Next?

- Prioritise case progression for both new cases and historic cases, and identify and remove barriers to closure.
- Section 2 discussions are still in progress to address pay complaints.

What?

- 8 cases were opened and 8 cases closed in month.

So what?

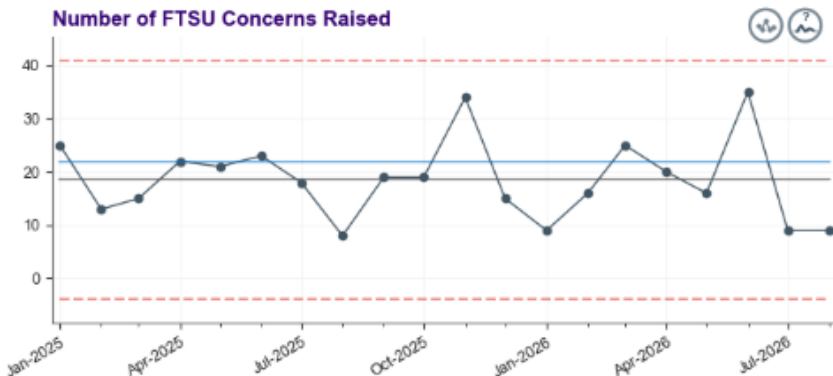
- 9 live cases for sexual safety, down by 3 on previous month. Open cases took an average of 187 days.

What Next?

- Regular monthly governance reviews on outstanding cases and to identify any barriers to timely resolution. Continue awareness, reporting and support arrangements
- Training has been agreed with the Survivors Trust for a cohort of approx. 25-30 people
- 3 separate Task and Finish Groups being set up to supplement the work of the Sexual Safety Oversight Group



Number of FTSU Concerns Raised



QS-27

Dept: Quality & Safety

Metric Type: Board

Latest: 9

Target: 21.9

Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

Across July and August 2026, 19 concerns were raised with the Freedom to Speak Up team: 9 in July and 10 in August. Reporting continued predominantly through confidential routes, with 12 concerns raised confidentially across the period. Three concerns were raised anonymously and 1 openly in August. No cases of detriment were reported.

In July, 8 concerns were closed, achieving an 88% satisfaction rate at closure. In August, 9 concerns were closed, with 100% satisfaction reported at closure.

Worker Safety and Wellbeing remained the predominant national FTSU classification, accounting for 9 of the 10 concerns raised in August and continuing as the main classification in July. Locally, Leadership and Relationships/Behaviours were the most frequently identified themes in July, with 3 concerns each, followed by System Process (2) and Recruitment (1). In August, System Process was the most frequently identified local theme (4), followed by ED&I (2), Leadership (2), Health and Safety (1) and Relationships/Behaviours (1).

Integrated Care continued to account for the highest proportion of concerns, with 3 concerns in each month. Concerns were also raised across Digital, HR and a number of operational areas, demonstrating that speaking up activity continues across a broad range of services.

So what?

The continued absence of reported detriment remains positive, alongside strong satisfaction rates at closure.

The System Process, Leadership and Relationships/Behaviours themes provides important organisational intelligence. They can support wider understanding of colleague experience and help us identify opportunities for learning. Integrated Care remains an area of comparatively higher reporting and will continue to be monitored alongside wider organisational intelligence.

What next?

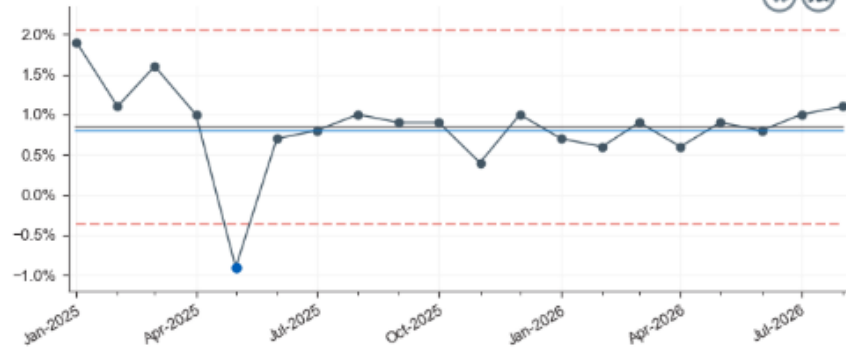
The FTSU team maintained a strong programme of proactive engagement throughout July and August. During July, the team completed 10 engagement visits, 2 EOC inductions, 1 university induction, 2 divisional updates and attended 2 local management group meetings. In August, the team completed a further 6 engagement visits, 1 EOC induction and attended 3 local management group meetings, alongside engagement at the Trust's LGBTQ+ conference.

This activity supports the team's continued focus on working alongside managers and local leaders to create safe spaces for colleagues to speak up within their own areas, while increasing understanding and visibility of the FTSU service.

The team will continue to triangulate speaking up intelligence with wider organisational data, monitor emerging themes and reporting patterns, and work collaboratively with local leaders to identify areas requiring additional support and strengthen local speaking up culture.



Turnover Rate %



WF-48

Dept: Workforce HR

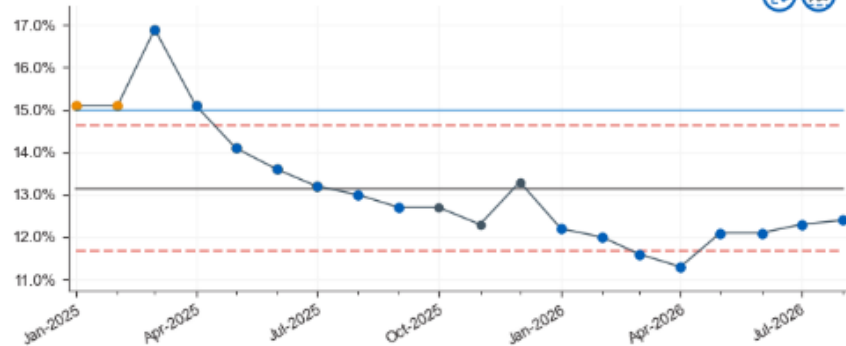
Metric Type: Board

Latest: 1.1%

Target: 0.8%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

Annual Rolling Turnover Rate



WF-7

Dept: Workforce HR

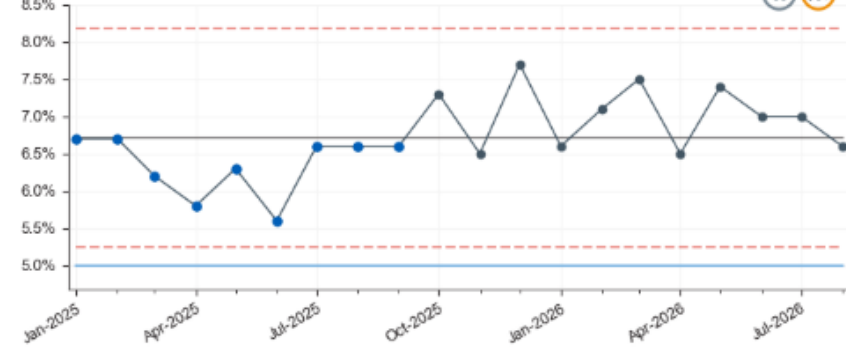
Metric Type: Board

Latest: 12.4%

Target: 15%

Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

Sickness Absence %



WF-49

Dept: Workforce HR

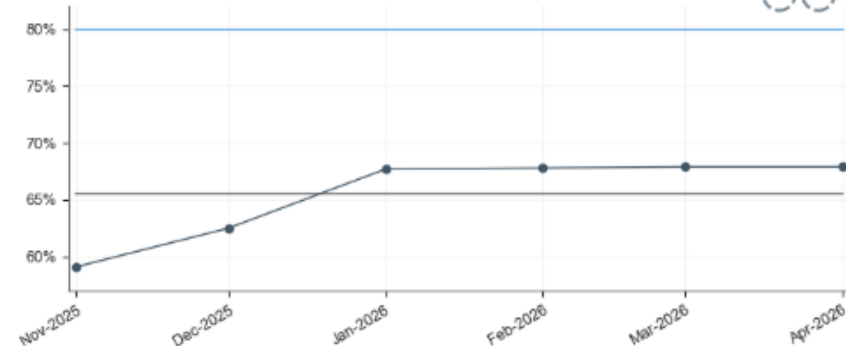
Metric Type: Board

Latest: 6.6%

Target: 5%

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Frontline Staff Vaccinated Against Flu %



WF-54

Dept: Workforce HR

Metric Type: Board

Latest: 67.9%

Target: 80%

Special cause or common cause cannot be given as there are an insufficient number of points.

What?

- During July and August we saw our rolling percentage total increase from 12.12% (last IQR) to 12.33% in July and 12.4% in August. This increase is being driven by Organisational restructures.

So What?

- Turnover is still significantly below target however it is trending in the wrong direction. Whilst a reduction in headcount is critical to delivering our cost savings (balanced budget) we must not lose track of turnover in key roles (frontline and 1s and 9s).

What Next?

- Continue to monitor organisational change impact on turnover ensuring turnover is in the right areas and we do not lose focus on Operations.
- SPPs to ensure local action plans are delivering the required improvements.
- Continue to review recent losses to understand underlying drivers and ensure they are sustainable natural turnover v organisational change driven turnover

What?

- Sickness absence in July dropped to (7.07%) and then dropped again in Aug (6.65%).

So What?

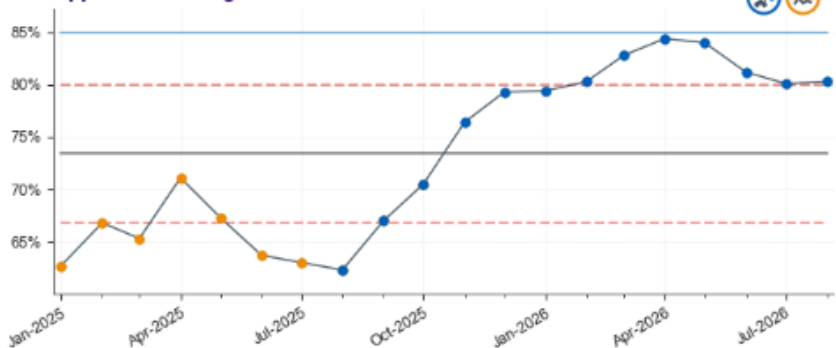
- Although sickness absence remains higher than target, there is significant work ongoing between Senior Leaders and Strategic People Partners to address this through the new policy. The current plan, remains focused on the top 100 long term sickness cases and we have seen a reduction in LTS (over 28 days) from 150 cases to 126.

What next?

- Employment assistance programme procurement under way and expected by December 2026
- Wellbeing organisational restructure embedded
- Alternative duties to be moved to People Services in January 2027
- SPPs and Senior Leaders to maintain focus on all sickness absence and now embedding Executive oversight and support/ training for managers on handling absence compassionately and in line with new Trust Wellbeing and Attendance Policy.

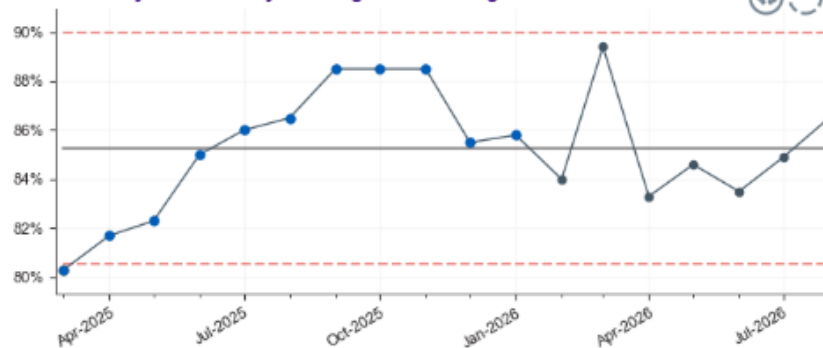


Appraisals Rolling Year %



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 80.3%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

Statutory & Mandatory Training CSTF Rolling Year %



WF-6
Dept: Workforce HR
Metric Type: Board
Latest: 86.5%

Common cause variation, no significant change.

What?

Trust appraisal compliance currently stands at **79.74%**, a slight reduction from 80.50% last month, although many areas continue to achieve or exceed the 85% target.

Work is progressing to ensure appraisal requirements are appropriately incorporated into the new WFM (Workforce Management) system, providing an opportunity to streamline how appraisal activity is recorded, monitored and reported.

So What?

The slight reduction reinforces the need to maintain focus on appraisal completion and targeted support for areas below target. The new WFM system provides an opportunity to strengthen oversight of compliance and improve the user experience for colleagues and managers. Continued appraisal training, role-specific questionnaires and the 70:20:10 approach will support improvements in the quality and developmental value of appraisal conversations.

What Next?

L&D will continue to work with colleagues implementing the new WFM system to ensure appraisal requirements, reporting and monitoring are effectively incorporated. Work will also continue on role-specific questionnaires, refreshed e-learning and targeted support to Directorates to improve compliance towards the 85% Trust target.

What?

Statutory and Mandatory Training compliance for the Core Skills Training Framework (CSTF) reached 90% at the close of 2025/26 on 31 March 2026. Following the introduction of the revised 2026/27 Trust Training Plan, including additional nationally and locally mandated learning requirements, rolling-year compliance initially reduced before recovering to **86.5%** in the latest reporting period. Statistical Process Control analysis identifies common-cause variation, with no statistically significant change in the underlying process.

So What?

The latest position is above the Trust's 85% compliance threshold and represents an improvement from the preceding months. However, performance has not yet returned to the 90% achieved at the end of 2025/26 and remains subject to normal month-to-month variation. Sustained improvement will depend on sufficient training capacity, accessible learning opportunities in frontline key skills programmes, effective workforce release and timely, accurate recording of completions. The absence of special-cause variation means the recent improvement should not yet be interpreted as evidence of a sustained change in performance.

What Next?

Compliance will continue to be monitored at organisational, directorate and subject level, with targeted recovery action focused on areas below the required threshold. Work will also progress on the Trust's Workforce Competence Assurance Framework, enabling future reporting to provide broader assurance of workforce capability and competence against organisational risks and service requirements, rather than relying solely on completion-based compliance.

We are a sustainable partner as part of an integrated NHS



Sustainable Partner

What?

• Finance to month 5 is reported as on track YTD and FOT. Forecast overspends are most significant in Field Operations and Fleet. CIP is behind trajectory and without material change will fail to deliver recurrently as planned. Break-even is achievable as sufficient non-recurrent (balance sheet) mitigations are in place. This will be subject to National oversight and Regional review in October with Board assurance of "Financial Bridge" from YTD to Plan required • C2 mean to 6th August was 27:42 and behind plan by 3:46. Negative impacts from activity above plan at 2.8% (9,316 incidents), handover time at ED 1:55 above plan, partly offset by job cycle time improvement at 1:52. • Hear and Treat continues behind plan 16.6% compared to 17.6% plan • Digital change programme team restructure scaled back to allow Group opportunities to be evaluated. Other elements of the plan delivering (clinical and corporate productivity) though assessed as high risk. • Make Ready Centre provider re-tender was completed and award recommendation approved by Board in early September. • Vehicle Off Road rates in line with plan and improvement trajectory for reducing accidents. Further work is needed to improve the roll-out of MAN vehicles through commissioning following the Summer break from the main supplier.

So What?

• Without additional recovery actions CIP and productivity plans will fail to deliver the recurrent change required in plan. Although break-even is achievable this will require the use of non-recurrent (balance sheet) mitigations. This in turn will increase the level of recurrent CIP required in 27/28 (c.£2.5million) and increase the risk assessment of delivery for the remainder of the three-year plan. • Operational response to an increase in demand, alongside the acute impact of five heatwaves, has not delivered C2 performance on plan trajectory, nor at 25 minutes. This is a worsening position through August where demand was broadly in line with plan. The 27/28 C2 improvement plan anticipates an outturn from 26/27 of 25 minutes in progressing to 22 minutes. If 25 minutes is not achieved in 26/27 then this will have a deleterious impact on delivery in 27/28 plan at the outset • Significant, Trust-wide effort is being expended on establishing the mechanism for improving Hear & Treat response and outcomes. A revised approach for the next six months through to March is being reviewed and will focus on an initial 90 day improvement plan. • Plans for interim Digital structure are being developed and expected to be reviewed by Exec Management Board in September. • The Trust will observe the usual standstill provisions a new Make Ready prior to awarding and mobilising the newly specified contract.

What Next?

• Successful conclusion of Make Ready and Soft FM contracts will be additive to recurrent CIP in year as not included in the original plan. Bank Holiday TOIL consultation commenced as planned • September review of current performance (C2 primarily) with NHSE National and Regional colleagues continues to note the impact of handover delays and demand increases. This is a common picture across the country however the Trust is expected to deliver the improvements agreed in plan once these factors are taken into account • Implementation and successful delivery of 90 day improvement plan on virtual care alongside increased focus on demand management will be critical to improving virtual care capacity and C2 performance.



Variation

Special Cause Improvement



0%

0



5%

2

Common Cause



33%

14

Special Cause Concern



5%

2



2%

1

Assurance

Pass



2%

1

Hit and Miss



12%

5

Fail



5%

2

No Target



81%

34

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	DCA Not Available for Crew	Aug-26	156.2		124.3		
Board	% of DCA vehicles off road (VOR)	Aug-26	0%	10%	11.6%		
Board	Number of RTCs per 10k miles travelled	Jun-26	0.6		0.7		
Board	Handover Time Mean	Aug-26	00:18:44	00:17:30	00:18:45		
Board	Hear & Treat per Clinical Hour	Aug-26	0.4		0.4		
Board	See & Convey to ED %	Aug-26	50.3%		51.3%		
Board	See & Convey to Non-ED %	Aug-26	2.2%		2.4%		
Board	UCR Acceptance %	Aug-26	16.3%	60%	16.1%		
Board	Vehicles Made Ready vs Scheduled Shifts	Jul-26	92%	95%	83.1%		
Supporting	111 to 999 Referrals (Calls Triage) %	Aug-26	8.4%	13%	6.3%		
Supporting	% of SRV vehicles off road (VOR)	Aug-26	0%		2.3%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Aug-26	78		89.9		
Supporting	999 Operational Abstraction Rate %	Aug-26	31.8%	31.3%	29%		
Supporting	Hear & Treat Recontact within 48 Hours %	Aug-26	2%		2.3%		
Supporting	Handovers > 45 Minutes %	Aug-26	3.8%	0%	4.1%		
Supporting	Number of Hours Lost at Hospital Handover	Aug-26	3037.3	2879.37	3144.1		
Supporting	Make Ready Contractor Hours Delivered	Jul-26	92%	95%	80.8%		
Supporting	Make Ready Vehicle Audit Compliance - Overall Score	Jul-26	97%	95%	96.1%		

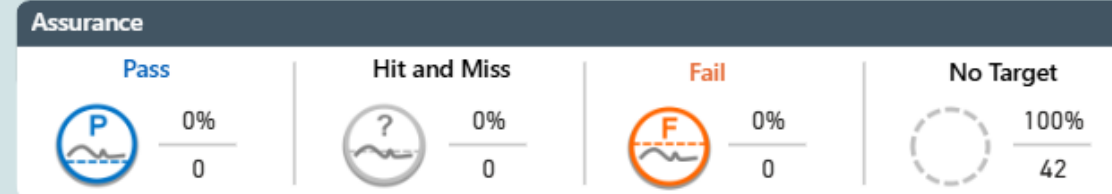
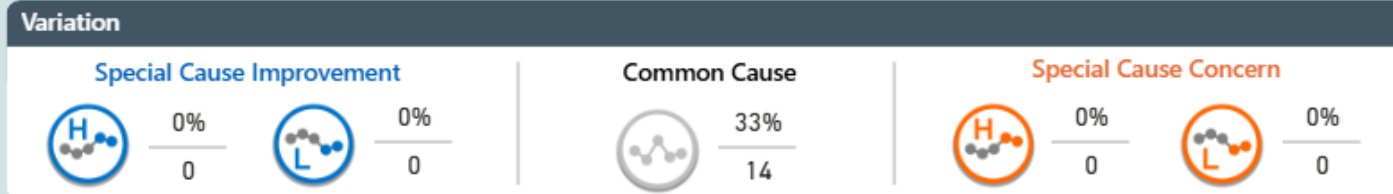
Pending metric: Rate of Admission from ED - Needs to be defined

Health & Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	HART Staffing to Core Levels (6 Per Team Per Shift)	Aug-26	81%		81%		
	HART Training Compliance	Aug-26	90%		90%		
	SORT Staffing Compliance	Aug-26	94%		94%		
Board	Health & Safety Incidents	Aug-26	29		33.7		
Board	Manual Handling Incidents	Aug-26	34		29.4		
Board	Violence and Aggression Incidents (Number of Victims - Staff)	Jun-26	91		108.7		
Board	Organisational Risks Outstanding Review %	Aug-26	26%	30%	22.5%		
Supporting	Number of RIDDOR Reports	Aug-26	11		10.6		
Supporting	Compliance with Conflict Resolution Training	Aug-26	90.3%	85%	75.3%		
Supporting	Compliance with Face-to-Face Manual Handling Training	Aug-26	87.9%	85%	79%		

Finance

Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Aug-26	62	-1.2	155.1
Supporting	Agency Spend (£000s) Month	Aug-26	-39	-130	-202.5
Supporting	Capital Expenditure (£000s) YTD	Aug-26	9475.9	26191.1	8921.2



Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Aug-26	473		975.7
Board	Cost Improvement Plans (CIPS) (£000s) YTD	Aug-26	3441	5582	5867.8

Pending metric: Cost per Hour on the Road - Data not not available to BI/Not currently collected

Pending metric: Cost per Call - Data not not available to BI/Not currently collected

Digital

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% Uptime of Essential Systems	Apr-26	100%	99.99%	100%		
Board	% Cyber Incidents Contained	Apr-26	100%	100%	100%		
Board	% of Clinical Consultations Using AVT	Apr-26	4.9%	100%	2.9%		
Board	% of Incidents - Shared Care Record Accessed	Aug-26	46.28%	70%	14.4%		

Resilience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Operational Command Training Compliance (OpComm Qual)	Aug-26	100%		100%		
Board	Tactical Command Training Compliance (TacComm Qual)	Aug-26	100%		100%		
Board	Strategic Command Training Compliance (MAGIC)	Aug-26	100%		97.9%		
Board	Tactical Advisor/NILO Training Compliance	Aug-26	100%		100%		
Board	JESIP Training Compliance (All Commanders)	Aug-26	90.6%		87.7%		
Supporting	% of Incidents With Completed Debrief Within Required Timeframe	Jun-26	80%		80%		
Supporting	% of BCPs In-Date and Reviewed	Aug-26	88%		86%		
Supporting	% of BCP Exercises/Tests Completed	Aug-26	94%		94%		

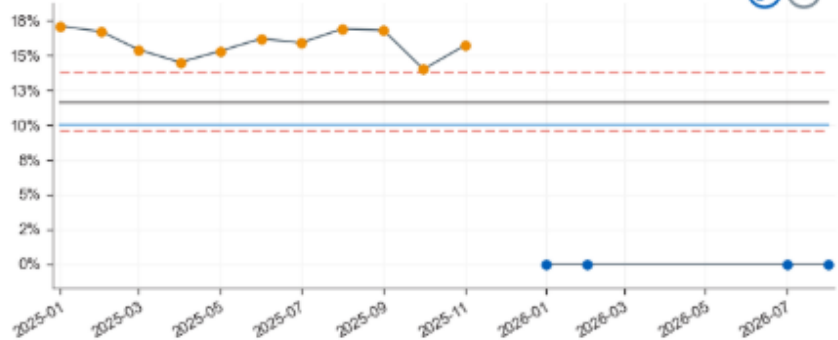
Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
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Pending metric: Driver Safety Standard Metric - Needs to be defined



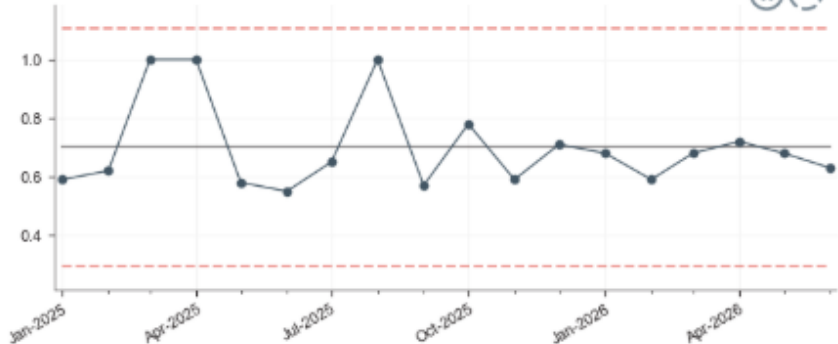
% of DCA vehicles off road (VOR)



FL-4

Dept: Fleet
Metric Type: Board
Latest: 0%
Target: 10%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

Number of RTCs per 10k miles travelled

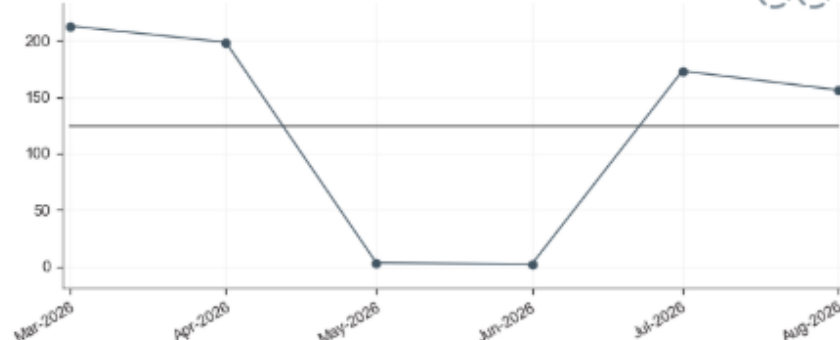


FL-2

Dept: Fleet
Metric Type: Board
Latest: 0.6

Common cause variation, no significant change.

DCA Not Available for Crew

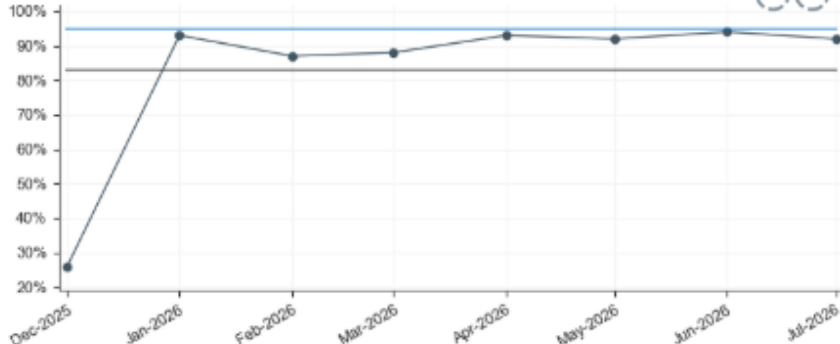


FL-17

Dept: Fleet
Metric Type:
Latest: 156.2

Special cause or common cause cannot be given as there are an insufficient number of points.

Vehicles Made Ready vs Scheduled Shifts



FL-14

Dept: Fleet
Metric Type: Board
Latest: 92%
Target: 95%
Special cause or common cause cannot be given as there are an insufficient number of points.

% of DCA Vehicles off road (VOR)

What? Current DCA VOR rate is at 17%.

So what? Parts supply for FIAT DCA spares is still challenging with multiple parts still back ordered to Italy. This is the main driver of the increased VOR over the last 12 months along with aging fleet of Mercedes DCAs.

What next? Due to the reliability of the Fiat product the Trust have now ordered 92 MAN box DCAs and 5 Electric Transit DCAs that will assist with reducing VOR Rates. The MAN vehicles are now starting to be delivered and commissioned into operation to date we have commissioned 45 of these new MAN DCAs. Additional VMT roles have been approved to increase available workshop hours to assist with the VOR reduction plan.

Number of RTCs per 10K miles travelled

What? No significant change to RTCs per 10k travelled.

So what? RTC's reduce vehicle availability and increase VOR, The repair times and costs to fix these vehicles post RTC is high having a negative impact on the Trust both operationally and financially.

What next? The introduction of the driving standards review panel have seen improvements in learning and education to staff post RTC which will help drive reductions in RTCs and associated vehicle downtime and costs. We are working in collaboration with SCAS to adopt a new approach to driver safety, learning from their "points system", and expect to further develop this as the functional collaboration case evolves.

Vehicles Made Ready Vs Scheduled Shifts

What?

Vehicle readiness remained strong across **May (92%), June (94%) and July (92%)**. In July, **11,980 of 13,010 scheduled vehicles** were successfully made ready, achieving a readiness rate of **92.1%**.

So What?

Performance remained stable despite ongoing contractor workforce pressures, reflecting a significant improvement on previous year's performance. Recruitment challenges at some sites and vehicle return issues at VPP sites continue to impact local throughput.

What Next?

Continue focused recruitment activity, monitor workforce gaps and maintain oversight of vehicle preparation performance, particularly at Brighton, to ensure vehicle return arrangements support site throughput and KPI delivery.



Hear & Treat per Clinical Hour



999-41

Dept: Operations 999

Metric Type: Board

Latest: 0.4

Common cause variation, no significant change.

UCR Acceptance %



999-40

Dept: Operations 999

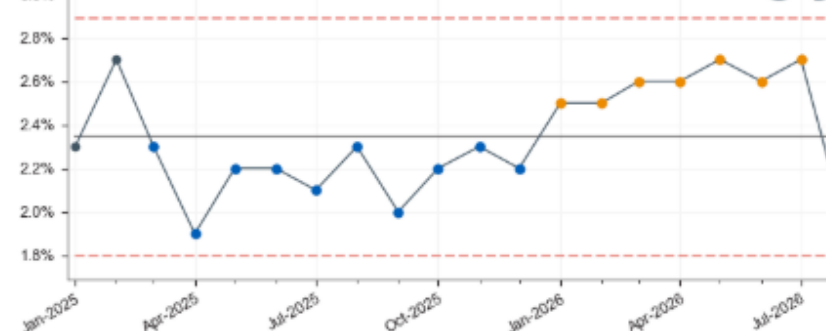
Metric Type: Board

Latest: 16.3%

Target: 60%

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Hear & Treat Recontact within 48 Hours %



999-42

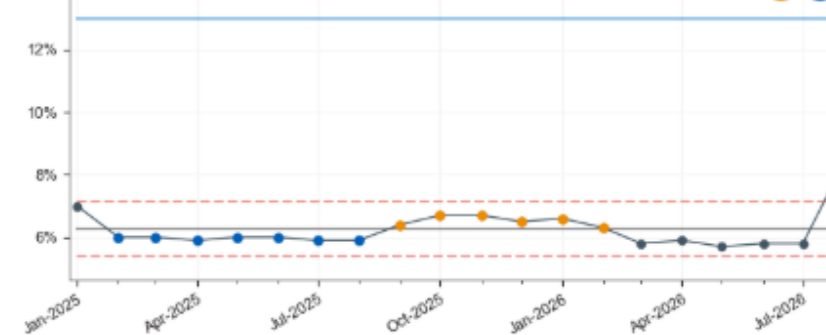
Dept: Operations 999

Metric Type: Supporting

Latest: 2%

Common cause variation, no significant change.

111 to 999 Referrals (Calls Triage) %



111-4

Dept: Operations 111

Metric Type: Supporting

Latest: 8.4%

Target: 13%

Special cause of a concerning nature where the measure is significantly HIGHER. Despite deterioration the process is capable and will consistently PASS the target.

Hear and Treat per Clinical Hour

What? The Trust is on an improving trajectory for Hear & Treat per hour in Q2 of 26/27, following a drop-off at the beginning of Q1. A key focus for the Trust has been on driving productivity in Virtual Care, with a number of plans in place to facilitate this, irrespective of where the virtual care is undertaken. The Virtual Care programme, and associated work streams contained therein are monitored weekly, via reporting and meetings. The aim has been to identify ways to improve Hear & Treat, and to ensure all directorates across the Trust support the recruitment, training, mentoring, governance, and management of newly qualified VC clinicians.

What next? The multiple projects including Intelligent Clinical Queue (ICQ), C2 Streaming, VC workforce development etc continue to facilitate the Trust's transition to implementing a new Virtual Care operating model. The VC programme has a communication plan, and is engaging with the Trust's clinicians to enable a step-change in the recruitment, training, and upskilling of clinicians to undertake virtual care. The Trust is currently behind its trajectory for the recruitment of 150 VC Paramedics/APPs in H1 of 26/27, but a concurrent focus on clinical productivity is being used to mitigate this risk. Workshops have been held in Q2 to support the VC programme, in addition to support of the new ACL role.

UCR Acceptance Rate

What? In August, 16.3% of incidents referred via the UCR portal were accepted, which remains well below the 60% target.

So What? Acceptance rates continue to be significantly lower than required. Capacity constraints were cited across all providers as the primary reason for declining referrals. Acceptance continues to be highest within the first two hours of service opening, when SECamb is one of multiple organisations simultaneously requesting UCR support. This issue has been escalated to commissioners via the 999 monthly Contract Review Meetings.

What Next? Continue to focus on UCR where available, work with commissioners, and identify best practice across the region and country.

Hear & Treat Recontact

What? Contact from patients who have received a Hear & Treat (H & T) outcome (alternative disposition to ambulance dispatch) dropped significantly in August and remains low at 2.0%.

So what? H & T recontact is a measure of clinical effectiveness and needs further analysis to evaluate risk and the impact of the H & T intervention.

What next? The Trust will be incorporating this metric in its new Virtual Care productivity dashboard, to ensure that the quality and impact of virtual care can be recorded and reviewed.

111 to 999 Referrals

What? Current performance is 8.4%, still best-in-class nationally, after a 111 validation process change in early August.

So What? The service is reliably performing within a controlled range, minimising the impact on our 999 service with inappropriate referrals. The stability of triage decision-making and consistent operational practice across teams is achieved through supporting colleagues with decision making allowing them to refer the patient to the right service utilising alternative pathways where appropriate.

What Next? In Q2, the Trust has transitioned to a new 111 Clinical Validation model, aligned to its new workforce model, following the operational configurational changes made in 2025. This is designed to strengthen clinical support to frontline colleagues, enabling more confident decision-making and appropriate use of alternative pathways.

Focus will remain on embedding the revised workforce and clinical model, monitoring impact on both referral rates and patient outcomes to ensure the balance between demand management and clinical safety is maintained.



Health & Safety Incidents



QS-20

Dept: Quality & Safety

Metric Type: Board

Latest: 29

Common cause variation, no significant change.

Violence and Aggression Incidents (Number of Victims - Staff)



QS-13

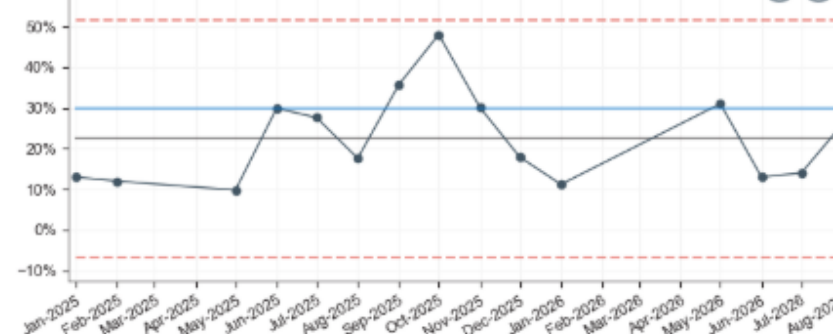
Dept: Quality & Safety

Metric Type: Board

Latest: 91

Common cause variation, no significant change.

Organisational Risks Outstanding Review %



QS-24

Dept: Quality & Safety

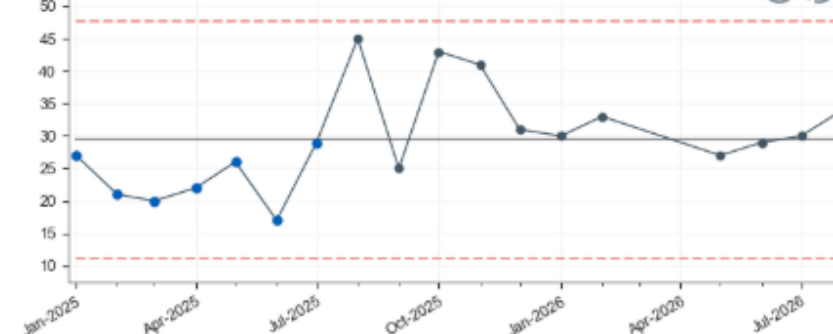
Metric Type: Board

Latest: 26%

Target: 30%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

Manual Handling Incidents



QS-22

Dept: Quality & Safety

Metric Type: Board

Latest: 34

Common cause variation, no significant change.

Health & Safety Incidents

What? There were 34 health and safety incidents reported in July 2026, reducing to 29 in August. This represents a reduction of 10 incidents since June, when 39 incidents were reported.

So What? The continued reduction across July and August is positive; however, incident numbers remain subject to normal monthly variation and further monitoring is required before concluding that this represents a sustained improvement.

What next? Incident trends will continue to be monitored to identify recurring causes, locations and higher-risk staff groups. Emerging themes and associated actions will be followed up through local management and the Health and Safety Working Group, with actions tracked to completion.

Violence & Aggression Incidents

What?

Violence & Aggression incidents reduced by 30 in July (102) and 6 in August (118). The average continues to reduce to 110 per month from a high of 135.

The reduction indicates improving control and stability in managing V&A risk. A more consistent profile suggests fewer extreme spikes compared to 2025. Workstreams with Mental Health and History Marking are progressing with a bespoke focus planned at Brighton OU.

What next?

Maintain current V&A prevention and management controls. Continue targeted monitoring of trends and hotspots to support early intervention. Continue post-incident support and learning to sustain the downward trend.

Manual Handling Incidents

What?

There were 30 manual handling incidents reported in July 2026, increasing to 34 in August, compared with 29 incidents in June.

So What?

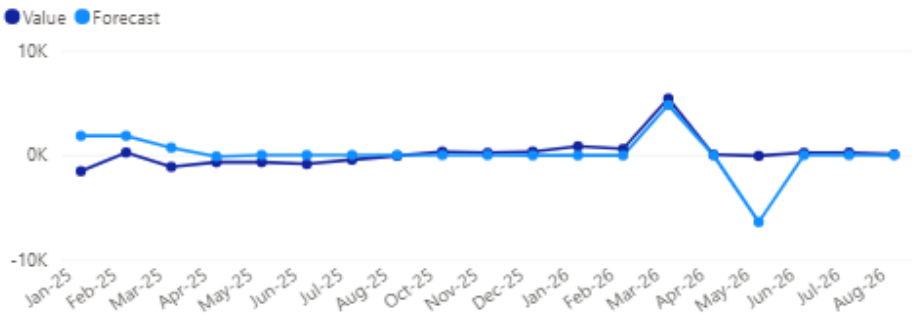
The August increase demonstrates that manual handling remains a significant contributor to staff injury and sickness absence and continues to require organisational focus despite normal month-to-month variation.

What next?

Incident themes, activities, locations and contributory factors will continue to be reviewed through the MSK Injury Reduction Working Group. Findings will inform targeted interventions, including training, appropriate equipment and local risk-reduction measures.



Surplus/Deficit (£000s) Month



F-6

Dept: Finance
Metric Type: Board
Latest: 62
Target: -1.2

What?

The Trust has reported a £0.5m surplus in line with plan for M5 2026/27 and forecasting a break even in line with plan.

So what?

The Trust continues with focusing on delivering efficiencies across the system through productivity and cash releasing savings programmes. The impact of cash releasing savings are being planned equally throughout the year. Productivity improvements are phased in line with programme and project initiatives.

What next?

The Trust continues to monitor its performance and forecast position and is confident in meeting its financial plan for 2026/27.

What?

For 2026/27 the Trust planning a financial break-even plan.

So what?

The Trust will not be receiving any deficit support funding to achieve this.

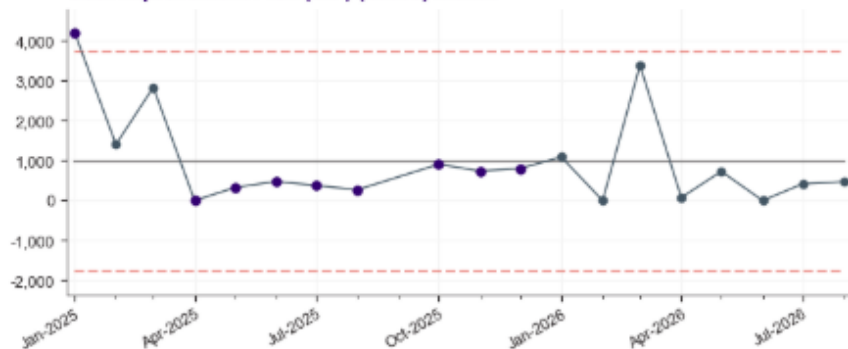
What next?

The Trust has been awarded an additional £10.7m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 25 minutes for 2026/27. This plan is supported by the £13.4m cash releasing savings and from productivity improvements helping it to meet its performance target.

The Trusts cash position is £22.8m as of 31 August 2026.
Planning for 2027/28 has begun.



Cost Improvement Plan (CIP) (£000s) Month



F-4

Dept: Finance
Metric Type: Board
Latest: 473

Cost Improvement Plans (CIPs) YTD

Value Forecast



F-13

Dept: Finance
Metric Type: Board
Latest: 3441
Target: 5582

What?

For the first 5 months ending August 2026, the Trust is £2.1m under plan delivering £3.4m year-to-date, recurrent savings are 37%, below the planned 52%.

So what?

The Trust is forecasting to achieve all of the planned target of £13.4m. The Trust (through Executive Management Board) has an agreed plan to deliver the agreed financial plan.

What next?

The Trust is focusing on the delivery of the current schemes and the development of future year's efficiency schemes through Executive Director and Quality Impact Assessment (QIA) approval.

What?

The Trust is concentrating its effort to gradually increase the percentage of recurrent savings by the end of March 2027 and has appropriate plans in place.

So what?

The Trust is focusing on delivering existing schemes that are planned to deliver the £13.4m cash releasing savings for the current year and further developing future year's efficiency schemes.

What next?

The Trust has agreed action plans to deliver CIP that include reduced cost of employment, vacancy freeze, tighter control of overtime, not recruiting newly qualified paramedics, accelerating progress with increasing call handling and other operational KPIs. The Board has agreed to fill any remaining gap with non-recurrent budget underspends and balance sheet provisions.
The Trust has identified recurrent efficiency schemes and has submitted a compliant plan in March 2026. The Trust will carry on focusing on continuous improvement to reduce its running cost whilst maximising its output and carries on improving the quality of care it is providing.



Operational Command Training Compliance (OpComm Qual)



QS-70

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

Special cause or common cause cannot be given as there are an insufficient number of points.

Tactical Command Training Compliance (TacComm Qual)



QS-71

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

Special cause or common cause cannot be given as there are an insufficient number of points.

Strategic Command Training Compliance (MAGIC)



QS-72

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

Special cause or common cause cannot be given as there are an insufficient number of points.

Tactical Advisor/NILO Training Compliance



QS-73

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

Special cause or common cause cannot be given as there are an insufficient number of points.

What?

All commanders now possess the appropriate qualifications for their level, providing a full 100% compliance across the board. This has been supported through the reduction in '2IC' command functions and a hard stop placed on unqualified individuals performing command functions. This will be further underpinned through a Command Competency Framework (supporting the Command & Control Policy) to monitor and maintain this standard.

So what?

Core Standards Assurance place clear expectations of commander competency and currency. As a category 1 responder, we must ensure that we are delivering the required command structure and functions safely and efficiently, including the ongoing maintenance of our commanders to ensure they remain suitably educated, informed, and fit for purpose.

What next? The framework previously mentioned will reinforce the existing currency and competency arrangements, ensuring clear lines of accountability, responsibility, and expectation. This will be monitored by the Resilience department through collaborative effort with the locality managers.



JESIP Training Compliance (All Commanders)



QS-74

Dept: Quality & Safety

Metric Type: Board

Latest: 90.6%

Special cause or common cause cannot be given as there are an insufficient number of points.

Compliance by Competency

Competency	Command Level	Competency Completed	Competency Compliance
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	2IC OPERATIONAL	18	94.74%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	OPERATIONAL	183	94.82%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	STRATEGIC	7	87.50%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	TACTICAL	34	100%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	TACTICAL ADVISOR/NILO	13	86.67%

What? The Joint Emergency Services Interoperability Principles (JESIP) training programme has been a priority focus of the Resilience team. We are now at a point where the few remaining non-compliant staff are booked onto courses, and a new wave of training using a new nationally accredited package will begin.

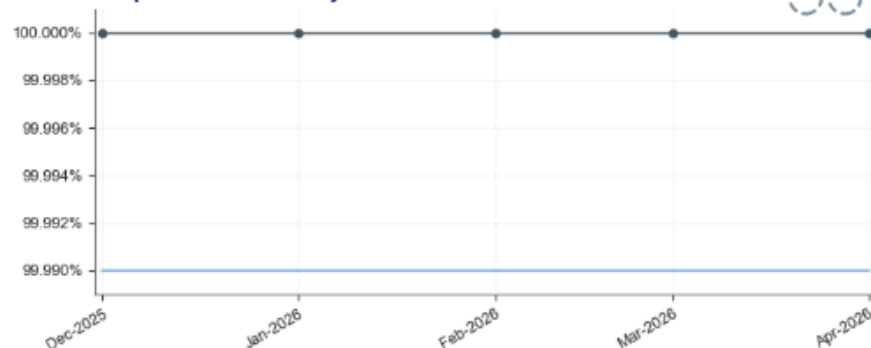
We have already identified those commanders who are approaching the threshold of the required three-yearly revalidations, and delivering a proactive approach to arranging bookings, rather than the reactive approaches of the past. The alterations to the command and on-call structures has also helped this, providing a clearer focus on who needs to attend JESIP training and ensuring these are the figures being represented.

So what? JESIP training compliance remains a core element of the NHS England EPRR Core Standards Assurance. The principles are delivered through the formal training package and maintained through other delivery mediums and exercising. Anecdotally, the benefits of JESIP have been proven time and again.

What next? The proactive over reactive approach will continue, with all records continuing to be recorded on the ESR system to provide the required analytics capable of feeding into this approach.



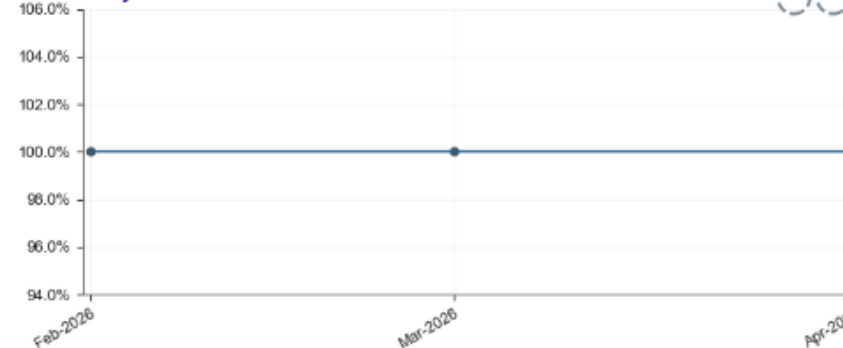
% Uptime of Essential Systems



IT-9

Dept: Digital
Metric Type: Board
Latest: 100%
Target: 99.99%
Special cause or common cause cannot be given as there are an insufficient number of points.

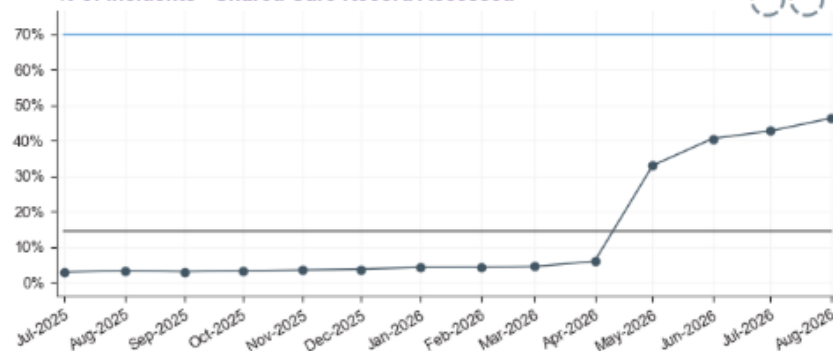
% Cyber Incidents Contained



IT-10

Dept: Digital
Metric Type: Board
Latest: 100%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

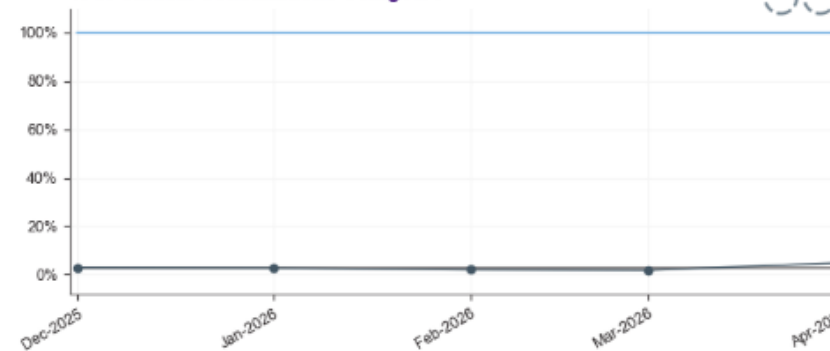
% of Incidents - Shared Care Record Accessed



IT-11

Dept: Digital
Metric Type: Board
Latest: 46.28%
Target: 70%
Special cause or common cause cannot be given as there are an insufficient number of points.

% of Clinical Consultations Using AVT



IT-12

Dept: Digital
Metric Type: Board
Latest: 4.9%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

What: Essential systems uptime has held at 100% across 2026 year-to-date following the December 2025 Crawley switch outage, while shared care record access rose to 5.96% in April — the first clear breakout above the upper control limit — with early May data indicating a further jump to c.30%.

So what: Our core platform remains resilient with no repeat outages, and the trust-wide rollout of MFA on the EPCR has unlocked GP Connect access across all implemented areas, driving the step-change in shared care record use alongside a new Kent & Medway Care Record pilot at Ashford.

Now what: Sustain infrastructure resilience and network hardening while embedding the new shared care record access patterns; evaluate clinical and productivity impact and use May data to validate the trajectory ahead of full reporting.

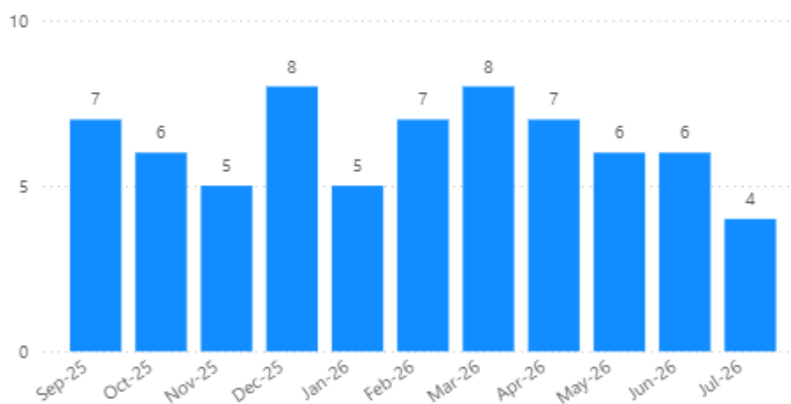
What: 100% of cyber incidents have been contained since reporting began in October 2025, while AVT-supported clinical triage stepped up sharply in April 2026 to c.4.9%, breaking out of prior control limits.

So what: Current cyber controls are holding but the threat landscape continues to escalate and our exposure remains material; the AVT uplift follows the extension of the pilot in EOC to a wider clinician cohort — early evidence that scaling the use case is achievable.

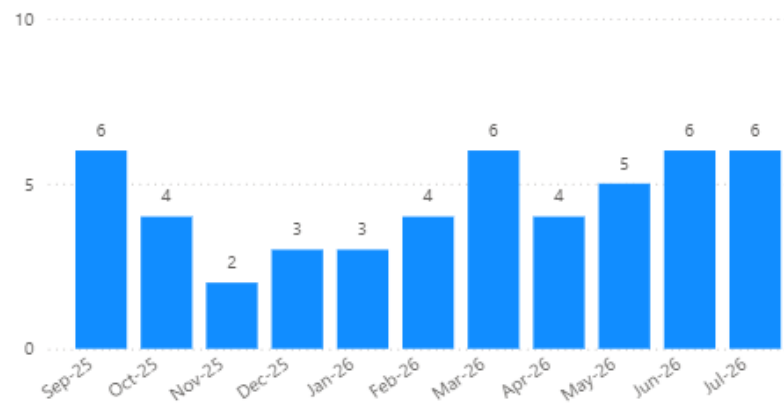
Now what: Progress the cyber business case through governance to deliver a 24/7/365 Security Operations Centre (with SWAST) and a new SIEM, while continuing to expand AVT adoption and tracking its correlation with calls per hour and hear and treat rate to confirm the productivity hypothesis.



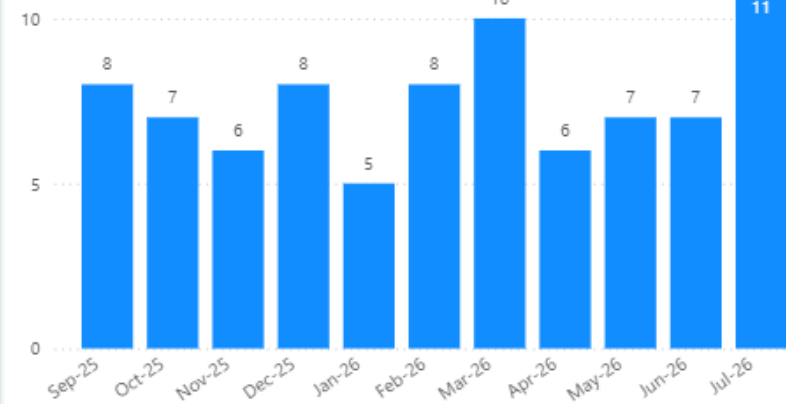
SECAmb Mean C1 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



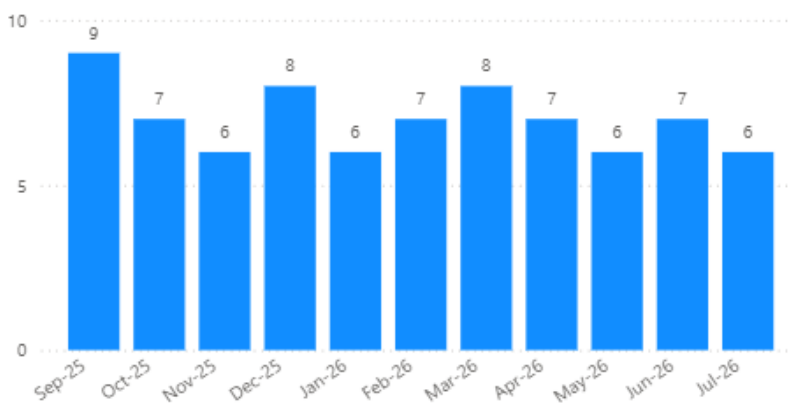
SECAmb Mean C2 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



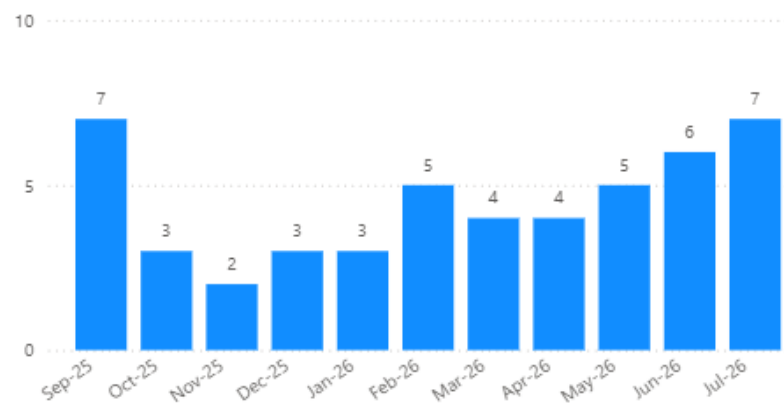
SECAmb 90th Centile C3 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



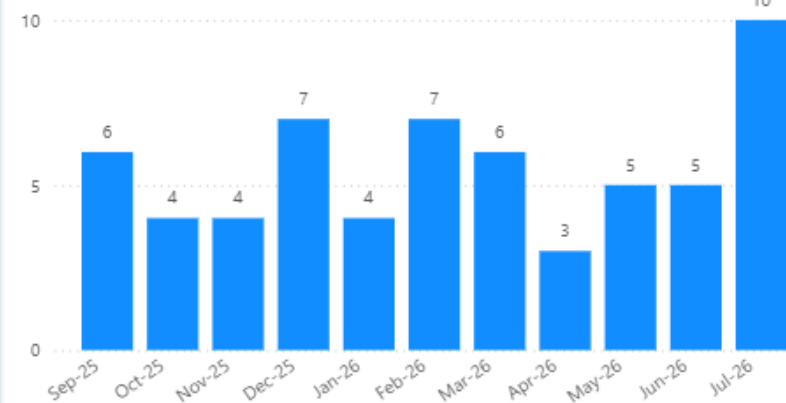
SECAmb 90th Centile C1 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



SECAmb 90th Centile C2 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



SECAmb 90th Centile C4 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



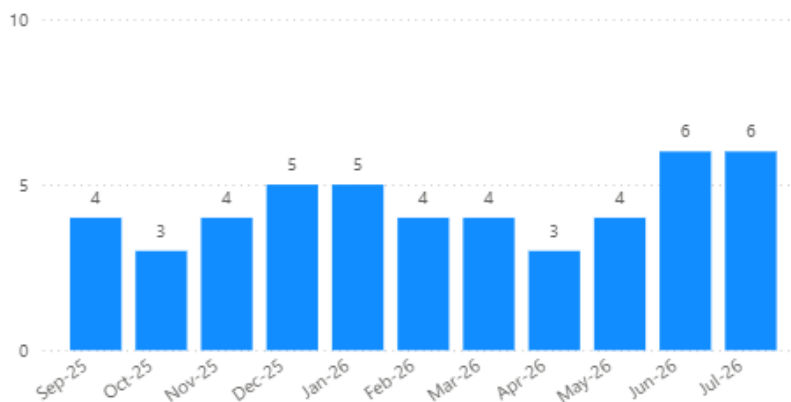
Summary:

Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for C1 and C2 response times, although our C3 and C4 response times remain poor in comparison to other ambulance trusts.



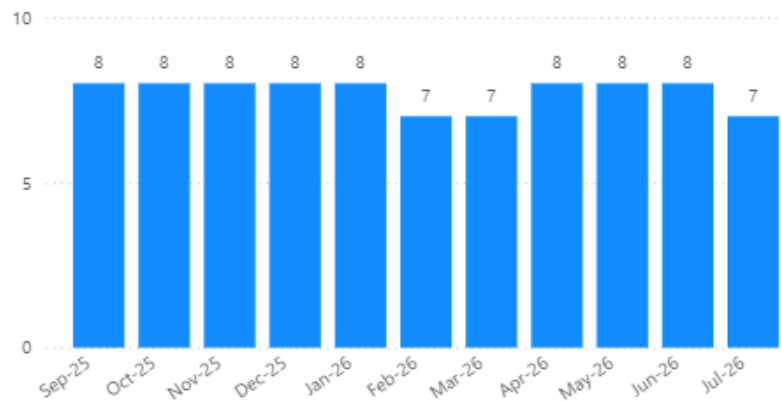
SECAmb Mean Call Answer Time Rank

Rank among 11 ambulance services (1 = best performance)



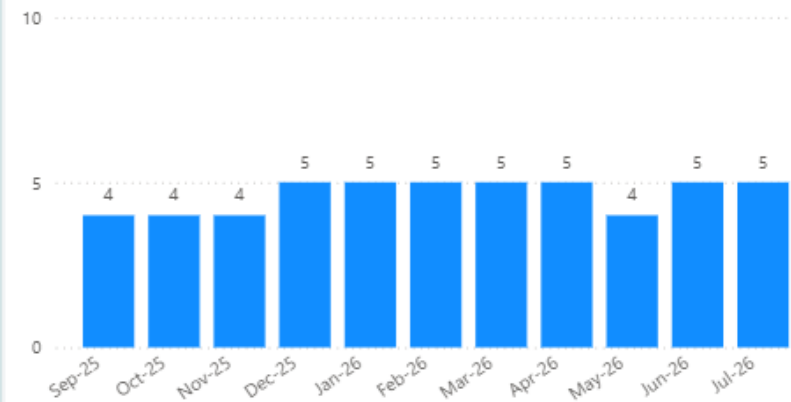
SECAmb Hear & Treat % Rank

Rank among 11 ambulance services (1 = best performance)



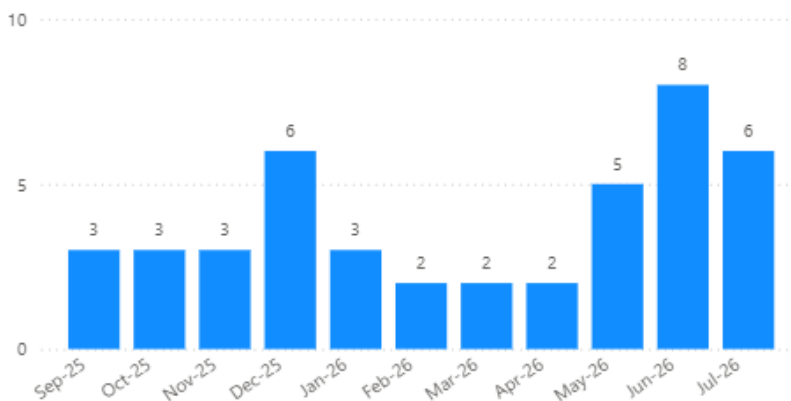
SECAmb See & Treat % Rank

Rank among 11 ambulance services (1 = best performance)



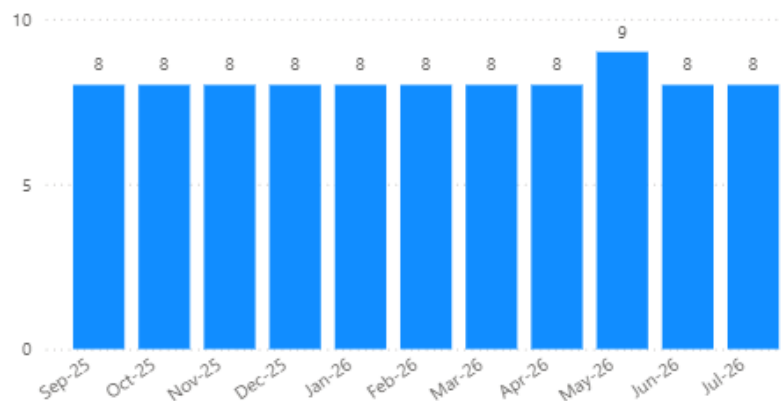
SECAmb 90th Centile Call Answer Time Rank

Rank among 11 ambulance services (1 = best performance)



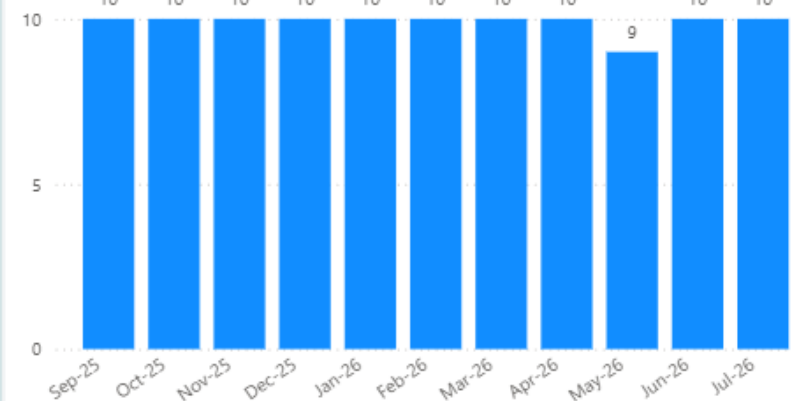
SECAmb See & Convey % (ED) Rank

Rank among 11 ambulance services (1 = best performance)



SECAmb See & Convey (Non-ED) Rank

Rank among 11 ambulance services (1 = best performance)



Summary:

SECAmb's call answer time was challenged over summer, reflecting the impact of the heatwave conditions, while hear & treat and See & treat remain mid-range, with ongoing focus required to improve hear & treat rates and further develop non-ED conveyance pathways in partnership with system providers



AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Item No	63-26
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Name of meeting	Trust Board
Date	1 October 2026
Name of paper	M05 (August 2026) Financial Performance
Executive sponsor	Simon Bell – Chief Finance Officer
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Finance, Planning, Reporting and Systems), Rachel Murphy (Head of Finance – Cash, Projects, Business, and Investments)

This report provides the year-to-date (YTD) financial performance and draft financial accounts of the Trust for 2026/27.

The Trust has reported a £467k surplus in line with plan for M05 2026/27.

The annual plan is reliant on the Trust delivering £13,424k efficiencies for the year. The Trust has achieved £3,441k, 62% of the planned £5,582k efficiencies year to date. The Trust has heavily relied on the non-recurrent, recruitment freeze and leaner, non-pay purchasing to deliver the year-to-date savings that were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.

YTD Capital expenditure £9,476k is £3,436k above plan, that is caused by the earlier delivery of DCA Chassis in 2026/27 than expected. The Trust is forecasting to spend its full capital allocation by the end of the year.

In August 2026 the closing cash balance was £22,788k, which is £13,457k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income payments.

Note: Tables are subject to rounding differences (+/- £1k).

Recommendations, decisions, or actions sought	For information
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Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A
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2026/27

**Finance Report to the Board of Directors
5 Months to 31 August 2026**

Executive Summary

The Trust has reported a £467k surplus in line with plan for the 5 months to August 2026.

Note: Tables are subject to rounding differences (+/- £1k).

	Year to August 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	154,617	154,764	148	371,047	371,331	284
Expenditure	(154,150)	(154,308)	(159)	(371,048)	(371,343)	(295)
Profit on Sale of Assets	0	11	11	0	11	11
Trust Surplus / (Deficit)	467	467	0	(1)	(1)	0
<i>Reporting adjustments:</i>						
Remove Impact of Donated Assets	0	0	0	1	1	0
Remove Impact of Impairments	0	0	0	0	0	0
Reported Surplus / (Deficit)*	467	467	0	0	0	0

Efficiency Programme (cash releasing)	5,582	3,441	(2,141)	13,424	10,875	(2,549)
Cash	36,245	22,788	(13,457)	36,359	32,860	(3,499)
Capital Expenditure	6,040	9,476	(3,436)	26,191	26,191	0

*Reported Surplus / (Deficit) represents what the Trust is held to account for by the ICB/NHSE

Year to August 2026 (YTD)

- The Trust is off plan on its CIP by (£2,141k) and some directorates are forecasting to overspend against their budget. If this position does not change then the Trust will need to look for additional non-recurrent measures to deliver its financial break-even plan.
- The overall financial performance consists of adverse variances in field operations (£2,149k) (Operations Management, Sussex and Kent has an adverse variance and Surrey divisions has a favourable one), Strategy & Transformation directorate (£317k), and Digital (£181k) that are offset by favourable variances across elsewhere.
- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,424k cash-releasing efficiency target, representing 4% of operating expenditure. The Trust has achieved £3,441k, 62% of the planned £5,582k efficiencies year to date that represents a 5-percentage point deterioration since last month (M4 67%). The efficiencies delivered heavily relied on the non-recurrent savings (63% versus the NHS E planned 48%), such as recruitment freeze and leaner, non-pay purchasing that were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.
- In August 2026 the closing cash balance was £22,788k, which is £13,457k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income payments.

- YTD Capital expenditure £9,476k is £3,436k above plan, that is caused by the earlier delivery of DCA Chassis in 2026/27 than expected. The Trust is forecasting to spend its full capital allocation by the end of the year.

1. Income

	Year to August 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	138,939	138,939	0	333,454	333,453	(1)
111 Income	12,250	12,250	0	29,401	29,401	0
Education Income	1,493	1,322	(171)	3,551	3,551	0
Other Income	1,935	2,253	319	4,641	4,926	285
Total Income	154,617	154,764	148	371,047	371,331	284

- The 999, 111 contracts are on plan.
- Education income is £171k adverse against plan, due to timing of expenditure that the income stream depends on.
- Other income is £319k favourable compared to plan. This is due to additional income from supporting other ambulance trusts in call management and research & development income received.

2. Directorate Expenditure

The overall position reflects a combination of favourable and adverse budgetary variances across operational areas.

Expenditure By Directorate*	Year to August 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(2,104)	(2,015)	89	(5,047)	(5,070)	(23)
Finance & Corporate Services	(7,233)	(7,089)	144	(17,617)	(17,503)	114
Quality & Nursing	(2,813)	(2,665)	148	(6,742)	(6,571)	171
Medical	(5,833)	(5,169)	664	(14,225)	(13,905)	320
Operations	(87,139)	(88,852)	(1,713)	(204,954)	(208,915)	(3,961)
Operations - 111	(12,589)	(11,878)	711	(30,166)	(29,714)	452
Strategic Planning & Transformation	(12,430)	(12,747)	(317)	(29,816)	(30,743)	(927)
People Services	(2,253)	(2,228)	25	(5,416)	(5,510)	(94)
Digital	(5,563)	(5,744)	(181)	(13,340)	(13,331)	9
Paramedical	(5,590)	(5,029)	561	(17,339)	(17,021)	318
Total Directorate Expenditure	(143,547)	(143,416)	131	(344,662)	(348,283)	(3,621)

*Excludes Income - Values subject to rounding

^Depreciation now includes Rights of Use Asset depreciation, previously shown as part of directorate values (e.g. ambulance leases)

- Favourable variances in Emergency Operations Centres (EOC) at £132k, NHS 111 services at £711k, Specialist Operations £98k and Community resilience £206k are primarily driven by workforce vacancies and delays in recruitment. Other favourable variances reported in, Medical £664k, Paramedical £561k, Finance £144k, Chief executive office £89k and in Quality and Nursing £148k with no significant variance in People services.
- In addition to EOC and 111, workforce-related underspends are evident across all other directorates excluding field operations and Digital services. Budgetary underspends due to vacancies, and timing of recruitment mitigated the overspend elsewhere.
- The above are offset by adverse variances in Strategic Planning & Transformation (£317k) and within frontline operations, most notably within Field Operations and Operations Management (£2,149k adverse), with pressures concentrated in Kent and Sussex, offset by a favourable position in Surrey. The adverse variance for the first is driven by the high volume of accidents that the Trust is responsible for and its associated vehicle parts and repair costs. The main driver in field operations is non-delivery of savings, over establishment, which is caused by lower than planned attrition, activity was on plan in August (1.9% above plan in July 2026 due to unexpected heatwave) and activity is 2.8% above plan year to date that represent an average 5.9% year on year increase in activities. Overtime continues to be closely monitored and managed. Under establishment in Surrey is supported by mobilising crews from the other two divisions to enable safe delivery of service.
- The forecast overspend across the directorates are (£3,621k) for which the Trust has a recovery action plan and is still on track to deliver the agreed financial break even by the end of the year.
- The Trust has paid the agreed, backdated pay to emergency care support workers during May 2026, which cost was covered by the provisions put aside for this pay matter in previous years, meaning it did not result in a cost pressure for the current year and it is not reflected in the variances for field operations above.
- Please note that clinical workforce is recruited 18-24 months in advance due to the level of training required to become fully qualified whilst working within the profession. The Trust quantifies the expected attrition rates which forms the basis of how many people are recruited. For various reasons, e.g. changes in the job market, greater staff satisfaction, etc. attrition rates have since decreased which has resulted in Field Operations being now over established. The Trust as part of the development and implementation of Virtual Care is looking to train existing workforce to then fill vacancies in EOC and wait for the natural attrition to close the gap by the end of the year. To support the latter there is a recruitment freeze in place.
- Operational performance was below plan during August 2026, with Category 2 response performance improved against target and since July 2026. Demand was on plan, staffing availability was below plan (by 2.8%), hear-and-treat rates were lower than planned (by 2%), and hospital handover delays remained a significant operational constraint. The Trust

has been reliant on temporary workforce arrangements, including agency and overtime utilisation.

- In summary, whilst the Trust has delivered the planned £467k surplus in Month 5 it did not deliver required operational performance standards. The position is largely supported by non-recurrent factors, including vacancies and non-pay timing benefits. The underlying financial pressures within frontline services and the reliance on temporary workforce arrangements in the call centres present a risk to sustainability. Continued focus is therefore required on workforce stabilisation, the implementation of Virtual Care, productivity improvements, delivery of cost improvement programmes, and strengthened financial control to ensure delivery of the full-year plan.
- It is worth noting that the operating expenditure composition has changed over the past two years. More of the expenditure relates to pay now than it did just over 2 years ago in 2023/24. In M1 2026/27 76% of the expenditure related to pay and 24% to non-pay, which was the same as in 2025/26 financial year. To contrast, in 2023/24 69% of the expenditure related to Pay and 31% to Non-Pay. This means that the Trust has actively reduced the proportion of non-pay related expenditure through leaner purchasing, re-tendering and re-negotiating contracts. Purchase of healthcare has gone down by 1% since 2024/25, of which half relates to the private ambulance services contract ending in Q1 2024/25, replaced by recruitment in field operations and re-negotiation / firming up of the 111-call centre sub-contracts. The Procurement team also helped with the following.
 - Re-scoped the Make Ready Centres contracts removing routine deep cleans and changing to paying for input hours resulting in credits for hours not delivered.
 - There are recurrent savings delivered on medical consumables by benchmarking with NHS SC and putting in place direct supplier agreements at cheaper cost.
 - There are fewer small works being undertaken around estates.
 - Avoided bulk order being placed to utilise existing stock levels for uniforms
 - Reduced cost for legal and external audit services through tendering
 - Regularised spend for Digital through frameworks

3. Efficiency Programme

- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,424k cash-releasing efficiency target, representing 4% of operating expenditure.
- Directorates have been allocated out a 3% cash releasing savings target with the remainder being held at corporate level and will be met by non-recurrent measures agreed by EMB to enable the delivery of the agreed financial plan.
- The Trust has achieved £3,441k, 62% of the planned £5,582k efficiencies year to date that is 5 percentage point worse than last month. However, the proportion of efficiencies delivered recurrently improved by 2-percentage point compared to the previous month and was 39% compared to the planned NHS E plan of 52%.
- The year-to-date under delivery is (£2,141k) and the risk adjusted forecast gap for the year is (£2,549k). The forecast still heavily relies on forecast budgetary underspend of £1,178k across 5 directorates and the impact of vacancy freeze. Please note that vacancy freeze,

and budgetary underspend are forecast to deliver below plan by £822k and £653k respectively that make up just over half the forecast shortfall.

- Year-to-date at M5 recruitment freezes, leaner non-pay purchasing and budgetary underspend generated £1,100k of the efficiencies and predominantly by the support functions.
- Savings delivery by Operations have been RAG rated red as the directorate has flagged a risk related to the timing of discussions in relation to cost of employment and challenges around defining savings that can be generated by Operations Team Leaders (OTL) being deployed in field operations to avoid overtime.
- For 2026/27 the Trust has designed a different approach to CIP/productivity delivery assurance which is led by the CFO. A Productivity and efficiency sub-group has been established, and weekly meetings have been diarised to enable informing discussions to take place and appropriate support provided to directorates to deliver their plans.
- Regular updates on progress are provided to the Senior Management Team (SMT), Executive Management Board (EMB) and the Finance and Investment Committee (FIC).

Summary of YTD Efficiency Delivery

2026/27 M5 CIP performance

	YTD NHSE Plan £000			YTD actuals £000			YTD Variance to NHS E Plan £000		
CIP by Directorate - R and NR FV									
Directorate	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total
Chief Executive Office	223	-	223	125	47	173	(97)	47	(50)
Finance & Corporate Services	225	-	225	19	197	216	(206)	197	(9)
HR	-	79	79	-	64	64	-	(15)	(15)
Medical	177	-	177	65	90	154	(112)	90	(23)
Operations	3,108	-	3,108	959	796	1,755	(2,148)	796	(1,352)
Paramedical	-	98	98	10	370	380	10	273	283
Strategy & Transformation	395	-	395	53	234	288	(341)	234	(107)
Digital and Information	171	-	171	94	216	310	(77)	216	138
Quality & Nursing	78	-	78	38	64	102	(39)	64	24
Trust wide	-	-	-	-	-	-	-	-	-
Corporate	-	1,031	1,031	-	-	-	-	(1,031)	(1,031)
Total	4,375	1,207	5,582	1,364	2,078	3,441	(3,012)	871	(2,141)
	78%	22%	100%	40%	60%	100%	141%	-41%	-38%

2026/27 M5 CIP performance

CIP by Directorate - R and NR FV

	Full year (FV) plan £000			Full year forecast - fully validated £000			Full year Forecast Variance £000		
Directorate	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total
Chief Executive Office	534	-	534	300	113	413	(234)	113	(121)
Finance & Corporate Services	540	-	540	45	593	638	(495)	593	98
HR	-	189	189	-	189	189	-	0	0
Medical	425	-	425	155	90	245	(270)	90	(180)
Operations	7,458	-	7,458	5,145	1,678	6,823	(2,313)	1,678	(635)
Paramedical	-	234	234	24	406	430	24	172	196
Strategy & Transformation	947	-	947	128	345	474	(819)	345	(473)
Digital and Information	411	-	411	240	216	455	(171)	216	44
Quality & Nursing	186	-	186	116	111	227	(70)	111	41
Trust wide	-	-	-	-	981	981	-	981	981
Corporate	-	2,501	2,501	-	-	-	-	(2,501)	(2,501)
Total	10,501	2,924	13,424	6,153	4,722	10,875	(4,347)	1,798	(2,549)
	78%	22%	100%	47%	53%	100%	-41%	62%	-19%

Closing the gap for 26/27

The below table has been presented and agreed at Senior Leadership Team (SLT – EMB & SMT) meeting on 18/03/2026 on how the planned cash releasing savings for the year will be delivered.

	Value (inc. confidence in value)	Delivery mechanism
Efficiency target	£ 13,433,000	
Validated and approved efficiencies as at final plan submission	£ 6,633,000	Identified efficiencies will be removed from specific budget lines by finance for 1st April. Remaining gaps in efficiency plans will be netted from directorate budgets as agreed with execs.
Additional CIP plans agreed approved by execs:		
Remaining EOC/111 efficiencies	£ 927,000	Final validation to be completed & removed from budget line from 1st April.
Remaining HR efficiencies	£ 80,000	Validated. Remove from relevant budget line from 1st April.
Increase OTL clinical time	£ 1,400,000	Further data validation required and engagement with affected staff. Will be removed from field ops budget from 1st April to be delivered in H2 & monitored through sub-group.
Additional CoE (Meal breaks)	£ 200,000	To be inacted through Cost of Employment programme in H2.
Mitigations still to be agreed:		
NR transitional support (HR&digital)	£ 700,000	Majority to be retained to support Trust financial position - to be agreed by end March.
NR Non-committed non-pay	£ 500,000	FBPs to remove non-recurrently from budgets with agreement of relevant execs by 1st April (opportunities already identified by FBPs).
NR Vacancy freeze	£ 1,000,000	HR to extend vacancy panel scope to include all vacancies.
Summary:		
Additional CIPs	£ 2,607,000	
NR mitigations	£ 2,200,000	
Total plans	£ 11,440,000	Delivery reported & monitored weekly through Productivity & Efficiency sub-group, on to SRG.
Remaining gap	£ 1,993,000	To be identified non-recurrently but will need to be reprovided for 27/28.

4. Workforce

The below tables show the planned and year-to-date (YTD) workforce by staff group. The final plans submitted in March 2026 did not have Pay associated cash releasing savings (CIP) targets translated into required WTE reductions as there has been no agreement what exact budget and staffing level these would come from. This means that the workforce, WTE plans are inflated and do not clearly show that based on budgets the organisation has an underlying over establishment in field operations and under establishment in the call centres, in fleet, paramedical, specialist operations and other directorates. It is challenging to recruit to vacancies and to retain staff in the fleet department and in the call centres. The Trust is covering the resource shortage by overtime and agency that are costlier than the permanent WTE budgeted for. There is a recruitment freeze in place within Corporate, Support services and Field Operations directorates to support the delivery of the Pay CIP. As part of the development and implementation of Virtual Care the Trust is looking to train existing workforce to then fill vacancies in EOC whilst it is waiting for natural attrition in field operations to close the gap.

Gross planned Workforce - WTE

Summary Staff WTE Detail		CWTE003	CWTE004	CWTE005	CWTE006	CWTE007	CWTE008	CWTE009	CWTE010	CWTE011	CWTE012	CWTE013	CWTE014
	Expected Sign	Staff in Post											
		Plan 30/04/2026	Plan 31/05/2026	Plan 30/06/2026	Plan 31/07/2026	Plan 31/08/2026	Plan 30/09/2026	Plan 31/10/2026	Plan 30/11/2026	Plan 31/12/2026	Plan 31/01/2027	Plan 28/02/2027	Plan 31/03/2027
		Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE	Month 7 WTE	Month 8 WTE	Month 9 WTE	Month 10 WTE	Month 11 WTE	Month 12 WTE
Total non medical - clinical substantive staff	+	3728.43	3751.04	3627.12	3620.07	3681.35	3584.28	3586.26	3609.22	3788.96	3747.12	3669.19	3789.87
Total non medical - non-clinical substantive staff	+	1048.74	1049.45	1049.78	1049.59	1049.45	1048.57	1048.65	1049.37	1050.78	1051.81	1051.48	1051.08
Total medical and dental substantive staff	+	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66
Total WTE substantive staff	+	4778.83	4802.15	4678.56	4671.32	4732.46	4634.51	4636.57	4660.25	4841.40	4800.59	4722.33	4842.60
Bank staff WTE	+	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.55	14.55	14.55
Agency staff WTE	+	20.53	20.47	17.53	17.47	20.27	18.78	17.31	17.25	20.01	20.01	17.19	18.60
Total staff WTE	+	4814.19	4837.45	4710.92	4703.62	4767.56	4668.12	4668.71	4692.33	4876.24	4835.15	4754.07	4875.75

Actuals Workforce – WTE

SUMMARY STAFF WTE DETAIL		01WTE01_ACT	01WTE02_ACT	01WTE03_ACT	01WTE04_ACT	01WTE05_ACT	01WTE06_ACT	01WTE07_ACT	01WTE08_ACT	01WTE09_ACT	01WTE10_ACT	01WTE11_ACT	01WTE12_ACT
	Expected Sign	Actual 30/04/2026	Actual 31/05/2026	Actual 30/06/2026	Actual 31/07/2026	Actual 31/08/2026	Actual 30/09/2026	Actual 31/10/2026	Actual 30/11/2026	Actual 31/12/2026	Actual 31/01/2027	Actual 28/02/2027	Actual 31/03/2027
		Month 1 WTE	Month 2 WTE	Month 3 WTE	Month 4 WTE	Month 5 WTE	Month 6 WTE	Month 7 WTE	Month 8 WTE	Month 9 WTE	Month 10 WTE	Month 11 WTE	Month 12 WTE
Total Non Medical - Clinical Substantive Staff	+	3,518.75	3,609.86	3,480.08	3,612.34	3,445.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non Medical - Non-Clinical Substantive Staff	+	1,012.86	1,036.25	1,026.85	1,046.01	1,003.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Medical and Dental Substantive Staff	+	1.39	1.28	1.28	1.28	1.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE Substantive Staff	+	4,543.00	4,657.39	4,518.21	4,668.63	4,458.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bank Staff	+	15.92	10.35	13.62	10.45	10.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Agency Staff (including, agency and contract)	+	20.59	10.42	5.86	25.54	6.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE all Staff	+	4,579.51	4,678.16	4,537.69	4,704.62	4,476.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note: month on month fluctuations in whole time equivalent (WTE) are predominantly driven by vacancies in our contact centres that are backfilled with third party contractors not showing in the WTE and the impact of the recruitment freeze.

5. Statement of Financial Position and Cash

	Year to August 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Jul-26	Movt	Aug-26	Plan	Actual	Variance
Non-Current Assets						
Property, Plant and Equipment	121,755	(310)	121,445	127,314	127,055	(259)
Intangible Assets	2,885	82	2,967	666	2,797	2,131
Trade and Other Receivables	45	0	45	47	45	(2)
Total Non-Current Assets	124,685	(228)	124,457	128,027	129,897	1,870
Current Assets						
Inventories	3,640	48	3,688	3,171	3,688	517
Trade and Other Receivables	13,916	(2,289)	11,627	9,354	11,627	2,273
Asset Held for Sale	1,016	0	1,016	1,016	1,016	0
Other Current Assets	0	0	0	0	0	0
Cash and Cash Equivalents	20,428	2,360	22,788	36,359	32,860	(3,499)
Total Current Assets	39,000	119	39,119	49,900	49,191	(709)
Current Liabilities						
Trade and Other Payables	(33,932)	2,853	(31,079)	(40,478)	(40,612)	(134)
Provisions for Liabilities and Charges	(11,527)	432	(11,095)	(15,130)	(12,115)	3,015
Borrowings	(5,731)	(1)	(5,732)	(5,322)	(5,732)	(410)
Total Current Liabilities	(51,190)	3,284	(47,906)	(60,930)	(58,459)	2,471
Total Assets Less Current Liabilities	112,495	3,175	115,670	116,997	120,629	3,632
Non-Current Liabilities						
Provisions for Liabilities and Charges	(12,293)	0	(12,293)	(7,519)	(12,293)	(4,774)
Borrowings	(17,820)	(48)	(17,868)	(17,636)	(14,230)	3,406
Total Non-Current Liabilities	(30,113)	(48)	(30,161)	(25,155)	(26,523)	(1,368)
Total Assets Employed	82,382	3,127	85,509	91,842	94,106	2,264
Financed By Taxpayers Equity:						
Public dividend capital	123,649	3,065	126,714	135,795	135,779	(16)
Revaluation reserve	5,679	0	5,679	7,634	5,679	(1,955)
Donated asset reserve	0	0	0	0	0	0
Income and expenditure reserve	(46,946)	62	(46,884)	(51,587)	(47,352)	4,235
Total Tax Payers' Equity	82,382	3,127	85,509	91,842	94,106	2,264

- Non-Current Assets decreased by £228k in the month arising mainly from £690k additions less depreciation of £918k.
- Movement within Trade and other receivables decreased by £2,289k, from reduction in accrued income, as additional block payments from ICBs were received.
- In August 2026 the closing cash balance was £22,788k, which is £13,457k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income payments.

- Trade and other payables decreased by £2,853k this is mainly through the expected payments for new non-current (capital) invoices.
- Borrowings increased by £49k overall, arising from £101k of new lease additions, less £150k of payments.

STATEMENT OF CASH FLOWS	MTH	YTD	Plan (YTD)	Var (YTD)
	£000	£000	£000	£000
Cash flows from operating activities	214	1,115	892	223
<i>Non-cash or non-operating income and expense:</i>				
Depreciation & Amortisation	1,583	7,416	7,441	(25)
(Increase)/decrease in receivables	2,289	1,527	0	1,527
(Increase)/decrease in inventories	(48)	(172)	0	(172)
Increase/(decrease) in trade and other payables	(2,806)	(12,548)	6,428	(18,976)
Increase/(decrease) in other liabilities	(47)	1,499	0	1,499
Increase/(decrease) in provisions	(432)	(2,243)	0	(2,243)
Other Movements in Operating Cash Flows	0	125	0	125
Net cash generated from / (used in) operations	753	(3,281)	14,761	(18,042)
Interest received	35	301	465	(164)
Interest paid	(80)	(400)	(330)	(70)
(Increase)/decrease in property, plant and equipment	(1,355)	(9,623)	(6,040)	(3,583)
Profit from sales of property, plant and equipment	6	11	0	11
Net cash generated from/(used in) investing activities	(1,394)	(9,711)	(5,905)	(3,806)
Increase/(decrease) in borrowings	49	(978)	(2,740)	1,762
Public dividend capital received/(repaid)?	3,065	3,065	200	2,865
PDC dividend (paid)/refunded	(113)	(560)	(560)	(0)
Net cash generated from/(used in) financing activities	3,001	1,527	(3,100)	4,627
Increase/(decrease) in cash and cash equivalents	2,360	(11,465)	5,756	(17,221)
Cash and cash equivalents at start of period	20,428	34,253	30,489	3,764
Cash and cash equivalents at end of period	22,788	22,788	36,245	(13,457)

- The above table shows the movement of cash flow in the month (MTH) and year to date (YTD).

6. Capital

- The in-month capital spend is £695k. The in-month actual is £98k higher compared to the plan of £597k, this is due to DCA Chassis being received much earlier than expected.

	In Month August 2026			Year to August 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Estates	323	36	287	925	897	28	2,376	2,700	(324)
Strategic Estates	0	184	(184)	953	2,449	(1,496)	1,183	2,744	(1,561)
IT	217	112	105	481	493	(12)	3,253	3,472	(219)
Fleet	57	362	(305)	3,681	5,748	(2,067)	19,379	17,388	1,991
Specialist Ops	0	0	0	0	(112)	112	0	(112)	112
Medical	0	0	0	0	0	0	0	0	0
Total Capital Plan	597	695	(98)	6,040	9,476	(3,436)	26,191	26,191	(0)

- The Trust is forecasting to spend its full capital allocation by the end of the year.

7. Risks and Opportunities

Table – Risk with rating

Risk ID	Risk Title	Date Opened	Initial Rating	Current Rating	Target Rating
<u>421</u>	Reputational risk that ambulance CCTV footage is lost due to hard drives failing or not being removed in a timely manner	26/07/2023	8	6	2
<u>638</u>	Fraud	02/05/2025	9	9	6
<u>653</u>	Safe transportation of medical gas (Entonox)	28/05/2025	12	12	4
<u>727</u>	Challenges in recruiting a Vehicle Technician at Chertsey	21/11/2025	15	9	3
<u>752</u>	Middle East Geopolitical Instability Impacting UK Fuel Supply	23/03/2026	12	12	6
<u>767</u>	BAF 2026/27 - R4 - Cost Improvement	08/06/2026	16	16	8

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target.
- Potential opportunities for the year have been incorporated into the Trust's plan which mitigated risks identified.



Board Cover Sheet

	Agenda No	64-26
Name of Meeting	Trust Board	
Date	August 2026	
Name of paper	SECAmb 2026/27 Seasonal Impacts planning and assurance	
Author(s)	Lucas Hawkes-Frost, Divisional Director for Resilience and Specialist Operations; Adam Streather, Head of Resilience Field Operations Divisional Directors	
Responsible Manager	Jen Allen, COO and Accountable Emergency Officer (AEO)	
The 2026/27 SECAmb winter plan has been developed and structured around the NHS England Winter Planning Assurance template for Ambulance Services, reflecting the Trust's current organisational context and the continued implementation of the divisional model. The plan aggregates assurance from key programmes and Trust priorities, including prevention, virtual care and clinical care pathways, response and performance, productivity, financial stewardship, and collaboration with system partners. Planning emphasis is focused on embedding the Trust's resilient organisation work through divisional leadership, Service Delivery Manager roles, strengthened local accountability, virtual care development, and the continued use of the Divisional Resilience Framework, escalation tools, and forward-looking preparation arrangements. The winter plan has been shared and discussed with system partners across our ICS areas and has been evolved following review and feedback at trust management and assurance groups, as well as participation in the NHSE Winter Resilience Exercise (SE Region) on September 14, 2026. Board is asked to endorse the Assurance Statement contained within the document and signed by the CEO and Chair. The plan will remain live and be adjusted to respond to any emerging pressures over the winter period.		
Relevant risks and issues	This plan has been developed in the context of a significantly constrained financial environment, wider NHS transformation, and significant internal organisational change, including implementation of the divisional model, clearer Service Delivery Manager responsibilities, increasing maturity of virtual care, and strengthened local performance and resilience governance.	



Recommendations, decisions or actions sought	The Board is asked to: • Review and be assured of winter planning priorities as mapped against NHSE winter planning priorities • To endorse the approach to winter planning and assurance based around prevention, pathways, response, and collaboration • To endorse the submission of the SECAMB Winter plan to NHS England
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes – this has been submitted following final revisions from EMB and FIC.



2026 / 2027 Seasonal Impacts Planning

South East Coast Ambulance Service NHS Foundation Trust

Prepared by: Lucas Hawkes-Frost, Divisional Director, Resilience and Specialist Operations / Adam Streather, Head of Resilience

Responsible Executive: Jen Allan, Interim CEO / Accountable Emergency Officer

September 2026

Executive Summary

This document provides an updated overview of SECAMB Trust-level seasonal planning preparations for 2026–2027. It reflects the current organisational context, including the move to divisional working, the establishment of Service Delivery Manager roles, the development of business-as-usual and transformational virtual care approaches, and the alignment of operational resilience arrangements to local system delivery. Volunteers are a core component of this model: Community First Responders, Community Support Volunteers and emerging community-based roles extend local response capacity and provide flexible welfare and resilience support during periods of increased demand, severe weather and significant incidents.

The plan focuses on prevention, capacity, operational pathways and virtual care, volunteer and community resilience, and divisional and programme leadership. Key actions include vaccination; increasing Hear & Treat and wider virtual care capability; improving use of alternatives to ED; optimising staff, volunteer and vehicle resources; strengthening Service Delivery Manager and Head of Operations-led local delivery; and maintaining robust performance oversight and coordinated escalation routes through the Organisational Performance Framework. The Framework provides the end-to-end structure for linking patient safety, timely care, appropriate care routes, productive capacity and resilient delivery, with clear ownership, a tiered operating rhythm and escalation based on trajectory and thresholds. The volunteer contribution will be strengthened through onboarding and training the expanded CFR cohort; improving consistent EOC tasking and escalation communications; implementing the volunteer-first approach within the Falls and Frailty Model of Care; developing the Community Lifesaver and Volunteer Responder Vehicle models; and increasing the availability and effective use of Community Support Volunteers and welfare vehicles.

List of appendices:

- Appendix 1 – Equality Impact Assessment



Key aspects of SECamb Resilience Winter Plan

Action area	Key actions
Prevention, workforce resilience and IPC	• Deliver a targeted frontline flu vaccination programme using the peer vaccination model, with local Flu Leads for each Operating Unit, EOC and 111, divisional reporting, local dashboards, stock management and targeted communications to improve frontline uptake. • Maintain a strong focus on sickness absence, attendance support, wellbeing, safe staffing and workforce resilience through divisional oversight and workforce reporting. • Ensure IPC controls remain embedded, including PPE stock flow, respiratory protection, and IPC input into winter planning. • Use workforce planning, EOC / 111 skill-mix review and rota controls to ensure available capacity is aligned to forecast winter demand. Relevant BAS areas: Prevention; Infection Prevention and Control; Demand Management – Capacity.
Demand management – capacity, productivity and resource utilisation	• Model likely winter-related demand and use divisional forward look/backward look processes to inform operational readiness, staffing assumptions and escalation planning. • Strengthen resource production through Service Delivery Manager and local management grip, including oversight of overtime, self-roster expectations, shift reporting compliance and escalation of known shortfalls. • Treat volunteers as a planned component of winter capacity: maintain visibility of CFR, Community Support Volunteer and welfare-vehicle availability; ensure EOC staff consistently task volunteers to suitable incidents; and use clear escalation communications so volunteers understand where and when additional support is required. • Complete onboarding and training of the expanded CFR cohort, introduce the Community Lifesaver role, and progress the Volunteer Responder Vehicle model to broaden participation while reducing reliance on individually held equipment. • Improve use of available resource through non-DCA deployment, including CFRs, volunteer responders, welfare vehicles, SRVs, HART/SORT capability and response-capable managers where clinically and operationally appropriate.



	Maintain focus on productivity enablers including fleet availability, Vehicle Off Road reduction, Make Ready/fleet process improvement, incident cycle time and operational efficiency. Relevant BAS areas: Demand Management – Capacity; Leadership.
Demand management – operations and virtual care	- Continue delivery of business-as-usual virtual care and the transformational Virtual Care Programme as core winter resilience priorities. Business-as-usual delivery will sustain Hear & Treat, clinical validation, C2 streaming, senior clinical decision-making and multidisciplinary hub working; transformational delivery will develop the future scalable clinical operating model and associated pathways. - Improve clinical productivity across 999 and 111 through PaCCS dual-skilling, GP/NMP deployment, clinical skill prioritisation, flexible clinical deployment and ongoing Hear & Treat improvement actions. - Use the Trust-agreed Call to Consult approach, supported by EOC clinicians, multidisciplinary teams and single points of access, to strengthen clinical decision-making at scene, increase appropriate use of alternative pathways and reduce avoidable conveyance. - Continue work with system partners to improve access to SDEC, frailty SDEC, virtual wards, urgent community response and other alternatives to ED at local, divisional and regional levels. - Enable in-year Pathways and Models of Care transformation priorities for Falls, Frailty and Older People, Mental Health and End of Life Care, supporting improved outcomes, reduced avoidable demand and a sustained shift towards community-based care. - IFT remains a major risk. Service Delivery Managers will apply additional scrutiny to IFT requests, supported by clinical validation and agreed escalation routes, to ensure requests are appropriate and do not compromise urgent and emergency response capacity. Collaboration is ongoing with Surrey and Sussex ICBs to improve the management of IFT requests from acute providers. - Sustain hospital and post-hospital handover compliance through local relationships, Release to Respond, automatic clear, EOC oversight and Tactical or Operational Commander escalation. Relevant BAS areas: Demand Management – Operations; Leadership.
Divisional model, Service Delivery Manager grip and	- Continue to use the divisional operating model as the core mechanism for local winter delivery, aligning operational grip, performance, quality, workforce and resilience actions to local system risks. - Use the Service Delivery Manager role to strengthen day-to-day operational accountability, resource decisions, hospital handover escalation and HCP operational clarity, including additional scrutiny of IFT



local accountability	requests and escalation of inappropriate or non-urgent activity. Service Delivery Managers will support ongoing collaboration with Surrey and Sussex ICBs to improve management of IFT requests from acute providers. • Use common operating picture reporting, daily huddles, divisional forward/backward look, shift reporting and Divisional Resilience Framework actions to identify risk early and act at the right level. • Ensure local risks—such as hospital hot spots, staffing challenges, road network disruption, fleet availability and pathway access—are owned through divisional governance and escalated through agreed routes. • Align divisional governance with Trust-wide operational performance oversight through the Organisational Performance Framework, including common scorecards, named operational and data owners, daily and weekly control arrangements, trajectory-based escalation, and integrated assurance to EMB, SMT, the Resilience Oversight Group and Board. Relevant BAS areas: Governance; Leadership; Demand Management – Capacity; Demand Management – Operations.
Leadership, resilience and system collaboration	• Maintain tested on-call, tactical, operational and strategic command arrangements, with clear escalation through divisional, operational, resilience and executive governance. • Review and maintain business continuity, including the implementation of new BC systems, severe weather, infrastructure disruption, winter equipment, fuel, fleet, estates and industrial action contingencies where relevant. • Continue engagement with NHSE regional teams, ICBs, UEC boards, primary care, acute providers, IUC commissioners and national ambulance forums to align SECamb winter actions with system priorities. • Use Resilience, ROG, local resilience partnerships and national ambulance collaboration routes to test plans, incorporate lessons from exercises and align REAP, CSP, etc arrangements with partners. Relevant BAS areas: Governance; Leadership; Plan content and delivery.



Key Risks

Risk Theme	Implication	Mitigation
Extreme weather and climate-related disruption	Increased frequency and severity of heat, cold, flooding, storms and other adverse weather may drive demand, affect staff welfare, disrupt transport networks, challenge estates and fleet resilience, and create significant system pressure. The June 2026 extreme heat event demonstrated the potential for rapid escalation, high Category 1 activity, workforce fatigue, utilities pressures and the need for sustained command arrangements.	Maintain adverse weather plans, early warning intelligence, UKHSA and Met Office monitoring, REAP/CSP escalation, divisional forward look, common operating picture reporting and LRF engagement. Apply learning from the June 2026 heat debrief, including earlier planning, ICC activation where required, workforce welfare measures, staff arrangements, fleet/estates checks, data centre monitoring and proactive public and staff communications.
Critical infrastructure, utilities and energy security	Power outage, water supply interruption, fuel disruption, telecommunications failure or wider energy market instability could have cascading effects across CAD, 999/111 platforms, mobile data, hubs, workshops, ambulance stations, hospitals, care settings and partner agencies. The National Risk Register highlights power outage, water infrastructure failure and digital resilience failure as major national resilience concerns.	Continue review of Business Continuity Plans, locality plans, generator arrangements, fuel resilience, winter equipment, fleet/workshop continuity, data centre environmental monitoring and supplier dependencies. Use EPRR, Digital, Estates, Fleet and divisional governance to test critical dependencies and escalation routes, including prolonged loss of power, water, fuel, ICT or telecommunications scenarios.
Cyber, digital resilience and technology dependency	Cyber incident or failure of a major technology platform could disrupt CAD, telephony, 111/999 systems, clinical platforms, mobile data, cloud services, corporate systems and partner interfaces. National Risk Register updates identify digital resilience failure and cyber attacks on data, water and police	Maintain cyber and digital business continuity planning with Digital, EOC, 111, Integrated Care and operational leads. Test fallback arrangements for loss of CAD, telephony, clinical systems, Microsoft 365, mobile data and partner interfaces, and align cyber preparedness with future EPRR Core Standards expectations and Trust resilience risk reporting.



	systems as emerging risks with cross-sector impact.	
Political instability, civil disorder and democratic interference	Domestic political volatility, protest activity, civil disorder, misinformation or interference in democratic processes may increase demand, affect staff safety, disrupt road networks, damage public confidence, create communications challenges and require multi-agency command activity. Wider international instability may also affect energy, supply chains, migration routes and public confidence.	Maintain NILO/Tactical Advisor engagement, daily partner intelligence calls when activated, LRF liaison, civil disorder arrangements within the Incident Response Plan, communications resilience and clear escalation to Tactical and Strategic Command. Use trusted public messaging and staff communications to mitigate misinformation and protect confidence during periods of instability.
Transport network and border disruption	Strategic road disruption, planned closures, severe weather impacts, port/border disruption, EU Entry/Exit System effects, congestion or protest activity may affect ambulance response times, hospital access, staff travel, fleet distribution and mutual aid routes, particularly in Kent and other transport-critical corridors.	Continue engagement with LRFs, National Highways, police, ports, local authorities and ICB partners. Use divisional forward look, tactical planning, CAD visibility, NILO intelligence, alternative deployment points, welfare and fuel planning, and Service Delivery Manager-led local grip to manage known and emerging transport risks.
Internal SECAmb organisational change and capacity to deliver	Implementation of the divisional model, Service Delivery Manager roles, virtual care changes, productivity programmes and financial controls creates delivery risk if leadership capacity, local ownership or governance maturity are inconsistent during winter pressures.	Use divisional governance, Service Delivery Manager forums, common operating picture reporting, daily huddles, SMG, EMB and Resilience Oversight Group to provide grip and assurance. Align delivery to the Divisional Resilience Framework and ensure risks are captured through normal organisational risk routes rather than treated solely as winter issues.
External NHS and local government change	System partners are also managing organisational change, financial pressure, capacity constraints and local government reform, which may affect decision making, escalation, discharge/flow, pathway access,	Maintain active engagement through UEC boards, ICB governance, LHRPs, LRFs, IUC commissioner meetings, regional NHSE forums and local daily system calls. Use divisional structures to strengthen local relationships, surface system risks early and agree proportionate shared mitigations.



	emergency planning interfaces and local resilience arrangements.	
Financial constraints and productivity delivery	Limited latitude for additional spending may constrain the ability to respond to demand surges, sustain overtime, increase clinical capacity, procure contingency resources or absorb supplier, fuel, fleet and energy cost pressures.	Target available resources through divisional oversight, demand modelling, prioritised overtime, virtual care productivity, resource utilisation, fleet/VOR improvement, non-DCA deployment and performance governance. Escalate material cost or service risks through SMG, EMB and finance governance.
Virtual care productivity and clinical pathway capacity	If Hear & Treat, clinical validation, C2 streaming, Call Before Convey, UCNH/SPOA or alternative pathway access do not deliver the required productivity, avoidable conveyance and ED pressure may increase, reducing capacity for emergency response.	Continue delivery of the virtual care programme, PaCCS dual-skilling, GP/NMP and senior clinical decision-making capacity, Hear & Treat improvement actions, UCNH/SPOA development and system pathway engagement. Monitor delivery through Integrated Care, divisional, performance and executive governance.
Capacity within alternative services and acute flow	Limited availability in SDEC, frailty SDEC, urgent community response, virtual wards, primary care and other alternatives to ED may reduce ability to redirect demand, increase conveyance, increase handover risk and reduce ambulance availability.	Continue front-door audits, system pathway engagement, advice-at-scene support, senior clinical top cover, hub/SPOA working and escalation through divisional, UEC and ICB governance. Maintain focus on hospital and post-hospital handover compliance, release to respond and automatic clear processes.
Population health and Health Inequalities	Variations in population health, deprivation and health inequalities across Kent, Surrey and Sussex may contribute to increased demand for ambulance services. Population growth, ageing populations and wider social determinants of health may place sustained pressure on UEC services.	Continue to work collaboratively with ICB's, NHS, LA's, Public Health teams, and social care to support prevention. Ensure ambulance service insights contributes to system-wide strategies that seek to reduce avoidable demand, improve health outcomes and increase community resilience.



Climate context

The winter 2026/27 outlook remains inherently uncertain: long-range forecasts indicate shifts in the probability of broad seasonal conditions rather than predicting specific storms, cold spells or snowfall at local level. Current authoritative guidance indicates that a very strong El Niño is established, is expected to strengthen towards the end of 2026 and is highly likely to persist through February 2027. For the UK, the Met Office assesses that this increases the likelihood of wetter, windier and stormier conditions during late autumn and early winter, although El Niño is only one influence on the North Atlantic weather pattern and does not determine the outcome of the season.

For the South East of England, the prudent planning assumption is therefore a variable winter with an elevated risk of repeated Atlantic weather systems, high rainfall, surface-water and river flooding, strong winds and transport or infrastructure disruption. Temperatures may be average to milder overall, but significant short-duration cold, frost, ice or snow events remain possible and cannot be excluded by a milder seasonal signal. Given the unusual strength of the current El Niño, wet and unsettled conditions may also persist later into winter rather than transitioning reliably to colder and drier conditions.

SECamb should treat the outlook as an early-warning planning signal; plans and business continuity arrangements locally should maintain readiness for both wet/stormy and cold-weather scenarios, and refresh assumptions through Met Office long-range and short-range forecasts, weather warnings, flood intelligence and Local Resilience Forum arrangements as confidence increases.

System Collaboration:

Whole-Trust Operations: The SECamb Winter plan executive summary and schedule of key initiatives is being shared with system partners for Kent, Surrey, and Sussex on system partners forum for awareness, engagement, and alignment. Draft Winter plan and assurance documents will be tabled for discussion and engagement at all UEC boards (or equivalent forums) prior to SECamb board sign off.

Trust operational performance oversight continues to develop through the Organisational Performance Framework. The Framework links local operational grip, divisional delivery and Trust-wide oversight across the end-to-end patient pathway, using daily situational awareness, divisional resourcing review and a common operational position to support tactical decision-making. Its tiered scorecards and operating rhythm distinguish outcome, operational-control, diagnostic and benefits measures, while reinforcing accountability between corporate, divisional and local leaders, including Service Delivery Managers.

Winter planning for 2026/27 has been developed alongside the launch and implementation of the divisional model which has included away days, agenda setting and clear prioritisation of action at all levels. This provides a clearer framework for local delivery, strengthens the role of Service Delivery Managers in coordinating day-to-day operational grip, and improves alignment between SECamb actions and the priorities of each Integrated Care System. The model is intended to improve



consistency, local responsiveness, and ownership of performance, quality, workforce, and resilience actions.

Kent: SECAMB's winter plan has been shared with the Kent and Medway ICB, meeting core expectations for system-level engagement. Strategic and delivery-level collaboration is in place, with operational oversight provided through the Kent Divisional Governance Group (DGG). This forum enables dynamic responses to local challenges, particularly around flow and system capacity. Daily system calls support situational awareness and inform decisions on ambulance resource deployment.

Surrey: The winter plan is scheduled to be shared and discussed across relevant Surrey UEC forums and with acute providers, supporting system-wide engagement. SECAMB has contributed to Surrey system planning, including promotion of alternative care pathways across Operating Units. Front-door and ED audits are planned during September in collaboration with acute teams. Oversight of winter pressures and delivery will be maintained through divisional governance.

Sussex: The winter plan will be formally shared with NHS Sussex and relevant system forums, ensuring alignment with regional and local priorities. Engagement spans strategic commissioner dialogue, operational coordination and place-based delivery. Operational oversight is supported through daily system calls, OPEL arrangements and Sussex Coordination Group activity.

Integrated Care: The draft winter plan and associated mitigations will be shared through national and regional IUC routes. Continued engagement will be maintained through IUC commissioner meetings, NHS England 111/999 forums and local system governance. Winter resilience depends on both business-as-usual virtual care delivery and the transformational Virtual Care Programme. Business-as-usual arrangements will sustain Hear & Treat, clinical validation, multidisciplinary hub working and flexible clinical deployment across 999 and 111; the transformational programme will develop future models, pathways and digital enablers that increase the scalability, consistency and productivity of virtual care over time.

Resilience and Specialist Operations: SECAMB is closely aligned with NHS England (NHSE) Regional planning processes, with participation in NHSE Regional Forums. The Trust has ensured ICB-level engagement through regular attendance at the Resilience Oversight Group (ROG) which itself is undergoing review and improvement to be more representative of the needs of the organisation.

Core national expectations have been met, including completion of the Annual Assurance process for winter planning and business continuity. SECAMB is a core participant in the regional winter planning exercise on 14 September, the learning from which will be reflected in this document. Further, the SECAMB planning document (as was the case in 2025/6 planning) will be shared and contrasted with those of other ambulance services via the National EPRR Group (NEPRRG) as a subcommittee of the National Director of Operations Group (NDOG). These activities collectively support a coordinated and assured approach to system resilience across all levels.



System Resilience:

Detailed action plan by operational area

Theme	Field Operations	Integrated Care	Resilience and Specialist Operations
Prevention	- Prioritised vaccination clinics across Trust operational sites, EOC, 111, HART and administrative areas, supported by peer vaccinators and local Flu Leads. - Tracking through local dashboards, Divisional Management Group meetings and central vaccination reporting, including vaccinated, declined and no-record categories. - Targeted communications and local leadership action to improve frontline uptake, corporate staff access and recording, and continued EOC/111 uptake improvement.		- HART-specific vaccination offer with programme-level tracking and targeted support where uptake or recording is below ambition. - Use of public health modelling to inform likely increases in infectious illness, including COVID and influenza, which may impact staff attendance during the 2026/2027 winter period, to be fed into SLT planning.
Pathways	- Alternative pathways	- Hear & Treat	-



	Ad hoc front-door audits at acute sites to understand referral and transport decision making. Increasing alternative care pathway utilisation as agreed system productivity aim	Virtual care pathway enhancement and improvement to clinician productivity. Continued clinical recruitment and agile deployment to validate calls and enhance H&T rates. Improve the IFT process following the quality improvement review, including options for dedicated IFT capability in EOC, additional scrutiny of requests by Service Delivery Managers, and ongoing collaboration with Surrey and Sussex ICBs to improve management of IFT requests from acute providers. Maximising GPs and NMPs have to boost the 111 Clinical Assessment Service (CAS) rotas at key times. Processes being implemented to manage careline and third party calls for welfare more effectively in Q3.	
Response	- Resourcing	Additional 111 and 999 call handling and clinical recruitment to support robust resourcing	Volunteers are a core winter resilience asset rather than an ad hoc supplementary



	Increasing clinical and operational capacity (OTL hours, HART team deployment, CFR deployment, etc) Additional clinical capacity provided as part of escalation process by clinicians and support personnel in non- operations roles. Focus on Out-of-Service management by SDM and OTL monitoring - Fleet availability All all-wheel-drive Kodiaq and response capable manager vehicles are in service and ready for winter deployment Additional 4x4 vehicles will be hired if required and directed. Winter kits (stored in dedicated winter boxes) are held and managed by Logistics Fuel levels will be managed and not permitted to fall below minimum to maintain resilience	- Incident cycle time Enhanced oversight of Out of Service statuses by SDM On Scene Self Conveyance / Make Own Way (MOW) for eligible patients prioritised in EOC clinical discharge processes Reducing unnecessary conveyance delays for patients unsuitable for VC.	resource. Community First Responders provide local clinical response capacity; • Community Support Volunteers and welfare vehicles support frontline teams during sustained pressure, severe weather and significant incidents; and developing roles such as Community Lifesaver and Volunteer Responder Vehicles will broaden participation and improve flexibility. Priority volunteer actions for winter include: Ensuring EOC staff can identify and dispatch CFRs and other volunteer responders consistently to suitable incidents, including the volunteer-first Falls and Frailty pathway where a patient can safely be assessed and supported in the community.
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	Workshop capacity will be monitored, with use of external contractors where needed to maintain vehicle availability MOTs have been brought forward where possible to reduce vehicle abstraction during peak periods Bodywork repairs will only be carried out where damage is classed as dangerous and results in a VOR status		Using clear, targeted escalation communications that notify volunteers of genuine service need, provide role-specific tasking expectations and ensure volunteers who make themselves available are used effectively. Scaling Community Support Volunteer and welfare-vehicle activity to support staff welfare at hospital sites, etc. Maintaining volunteer-management capacity. Monitoring volunteer contribution through availability, deployment, response and utilisation measures; HART deployment and callsign visibility on CAD systems have been reviewed and made available to support core 999 activity wherever possible. New HART Deployment SOP supports the appropriate utilisation of HART. Where staffing allows,
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			resources will be directed to support operations. Greater focus on the HART Tasking Desk allows for HART to provide more support in the virtual care space.
Collaboration	- Hospital Handovers Divisional Resilience Framework Enforcing automatic clear processes Daily Leadership Huddles Deployment of on duty Operational and Tactical Commanders Robust hospital handover processes, including Release to Respond, aim to maintain hospital handover standards and mitigate delays in patient transfers. These align with wider efforts within local UEC systems to improve whole-system patient flow. SECamb will continue to use 111 First principles to validate ED dispositions to avoid unheralded demand in ED.	Frequent performance oversight in real time and use of CSP escalation Implementation of revised CSP On day performance management role review and clarification Implementation of performance oversight improvement actions Clinical hubs and multidisciplinary co-ordination with urgent care partners is being leveraged to improve decision-making and reduce pressure on Emergency Departments. -	Operational performance oversight has been reviewed in 2026 through development of the Organisational Performance Framework. Incorporates the Divisional Performance Framework within a wider structure of common definitions, and clear escalation criteria. The Organisational Performance Framework supports decisions at the lowest appropriate Unresolved risks can then be escalated through divisional, regional and executive routes, aligned with REAP, CSP, the IQR and the Board Assurance Framework.



	- Joined up planning Utilising Divisional Resilience Framework to manage capacity and demand and embedding into Divisional practice SDM 10-day forward look process to support operational planning Participation at core delivery / planning / executive Local Resilience Forum activities		
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Assurance, Escalation, and Monitoring:

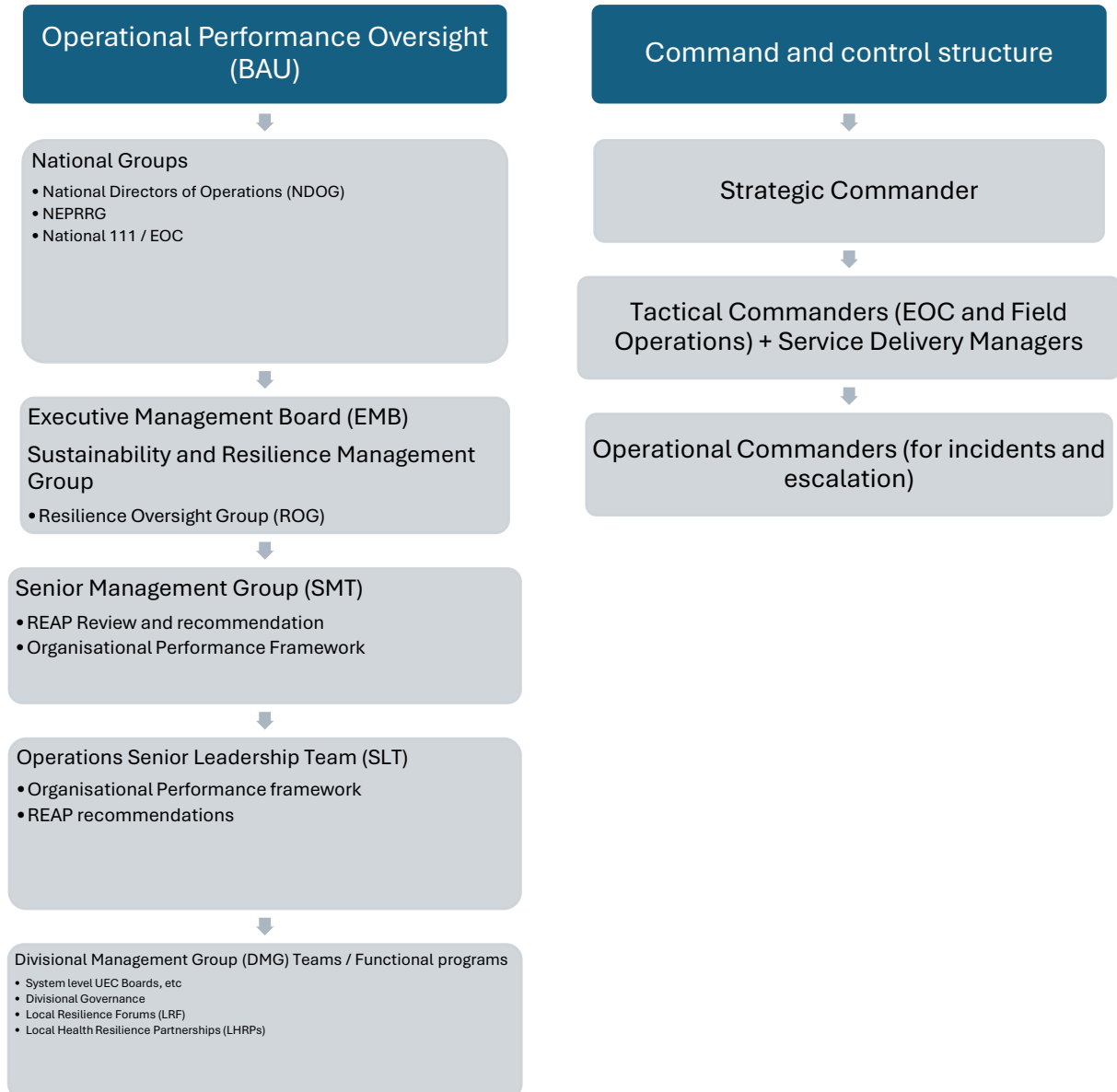
Oversight of delivery will align with business-as-usual Trust performance, quality, safety, finance and operational governance, underpinned by the Organisational Performance Framework. The Framework provides a single end-to-end view of timely care, clinical safety, appropriate care routes, productive capacity and resilient delivery, with common definitions, named ownership, balancing measures and clear escalation and closure criteria. Delivery remains accountable through the Executive Management Board, supported by divisional governance, Service Delivery Manager-led local delivery, Integrated Care governance and Resilience Oversight Group assurance.

These plans will be overseen and reviewed within the Resilience Oversight Group and are being tested and exercised by the Resilience team and wider organisational leadership at the NHSE regional winter exercise on 14 September 2026. External performance oversight will take place on a local basis at the ICB Urgent Care Boards and Trust Performance review sessions.

Operational impacts will be monitored, managed and escalated through the operating rhythm defined by the Organisational Performance Framework: shift handovers and daily local and divisional reviews for live control; weekly Operating Unit and divisional performance reviews for recovery action; and Trust-wide and executive review for cross-divisional constraints, strategic risks and benefits. These arrangements interface with Divisional Management Groups, governance groups, Service Delivery Manager forums, SMT and EMB, ensuring local intelligence, system pressure, clinical safety, virtual care productivity, workforce and fleet risks are visible, owned and acted on through the appropriate route.

Equality Impact Assessment (EQIA) and Quality Impact Assessment (QIA) have been considered as part of the Winter Plan development process. These assessments ensure that proposed actions do not adversely affect patient care quality or disproportionately impact any population group. Any significant changes or escalatory actions will be subject to further EQIA/QIA review as required.

Trust forums and processes for oversight are illustrated below:



Provider:	South East Coast Ambulance Service NHS Foundation Trust
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Board Assurance Statement

This section gives SECamb the opportunity to describe the approach to creating the winter plan and demonstrate how links with other aspects of planning have been considered.

Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2026/27.	Yes	To be brought forward to Board on October 1 2026, with review by EMB Joint Leadership Team (JLT), Finance Investment Committee (FIC) beforehand
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	A substantial QIA review has been undertaken in terms of the aggregate effects of winter planning and wider performance, productivity, and efficiency initiatives contemplated in this document and are appended.
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	Development of this plan has included all functional areas of SECamb, led via Senior Management Team representatives for specific directorate and program areas. System partners have been engaged through both ICS and NHSE forums.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	SECamb is participating in the scheduled NHS England Exercise facilitated by NHSE on 14 th September 2026. Learning and outcomes will be incorporated into this dynamic plan.

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The Board has identified a named Executive Winter Sponsor with accountability for winter preparedness, including vaccinations, escalation and operational delivery.	Yes	Jen Allan, CEO and Accountable Emergency Officer, is the named Executive Winter Sponsor overseeing preparedness, and by extension (as CEO), vaccination progress, escalation and operational delivery. Reporting aligns with normal Board, executive and resilience governance.
The Board is assured that clear governance arrangements, escalation processes and operational leadership arrangements are in place throughout the winter period.	Yes	Winter delivery will be overseen through Trust Board, EMB, SMT, Resilience Oversight Group, divisional governance, Integrated Care governance, and agreed command and escalation routes.
<i>Plan content and delivery</i>		
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for surge and extreme surge of winter pressures.	Yes	The plan includes mitigations for demand, workforce, clinical safety, virtual care, hospital handover, severe weather, infrastructure disruption, business continuity and system partner risk. These are reflected in the Key Risks section and Section B checklist.
The Board is assured that workforce resilience assumptions have been reviewed and mitigation plans are in place for periods of increased demand.	Yes	Workforce resilience has been considered through vaccination planning, attendance management, rota review, annual leave controls, overtime arrangements, command capacity, staff welfare, IPC controls and divisional resource oversight. The QIA is appended and support assurance on quality and equality impacts.
The Board has reviewed its Category 2 ambulance response time trajectory and is assured the Winter Plan will mitigate any risks to ensure delivery against the final 2026/27 trajectory.	Cautious	The Category 2 trajectory is under review in the context of the Trust's wider operating plan, Mitigations are aligned to the 2026/27 trajectory and include Hear & Treat improvement, clinical validation, EOC/111 capacity, frontline resource optimisation, non-DCA utilisation, hospital handover grip and Service Delivery Manager-led local delivery, however the

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		statement is caveated with the fact that at time of sign off, a final trajectory is yet to be agreed. Progress will be monitored through the Organisational Performance Framework using outcome and operational-control scorecards, balancing measures for clinical safety and workforce impact, named ownership, trend and forecast information, and trajectory-based escalation where delivery moves outside agreed tolerance.
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Provider CEO name	Date	Provider Chair name	Date
Jen Allan	1 October, 2026	Colin Dennis	1 October, 2026

2026 / 2027 Winter Plan checklist

Board assurance checklist – key aspects covered by 2026/27 Winter Plans, aligned to the NHS England Ambulance Board Assurance Statement checklist.

The following criteria apply to the RAG ratings below:

Green: Action is fully in place and delivering the intended impact; no further action required.

Amber: Action is underway but requires further development or completion; impact is anticipated but not yet realised.

Red: Actions are not yet started or are significantly delayed; urgent action is needed to meet planning expectations or mitigate risk.

Checklist	SECamb Plan / Action (actions / initiatives in place)	Further Action planned / required (further actions to be initiated)	Specific Impact / Outcome sought (Signal of positive effect re action items)	RAG
Demand Management – Capacity				

There are plans in place to deliver a frontline healthcare worker flu vaccination programme that achieves the Trust-level uptake ambitions and demonstrates that the offer is accessible to all frontline staff between 1 October and 31 March, with the majority of vaccinations completed by 30 November.	The Trust will continue the peer vaccination methodology supported by a dedicated Flu Vaccination Project Group, local Flu Leads for each Operating Unit, EOC and 111, approved peer vaccinator training materials, written instructions, communications plan, vaccination tracking system and stock management process. The programme will focus on early and accessible uptake for frontline staff, with the majority of vaccinations targeted by 30 November.	Use local dashboards and divisional governance to monitor uptake, ensure staff are recorded as vaccinated or declined, target low-uptake and no-record locations, improve corporate staff access and recording via Business Support Managers, and continue the improvement seen in EOC/111 uptake.	Improved frontline vaccination uptake, better assurance on vaccinated/declined/no-record status, reduced avoidable sickness absence, strengthened winter workforce resilience and improved accessibility for operational, EOC/111, HART and corporate staff groups.	Programme in place; enhanced focus required on frontline uptake, ESR reporting accuracy and targeted action for low-uptake areas.
The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to surge and extreme surges in demand.	Organisational Performance Framework re tactical action around resource planning optimisation at local, OU, and Divisional levels including Integrated Care. Robust command and control structure in place to oversee planning around identified periods of operational challenge with a focus on early and proactive escalation.	Heat maps being created in 111 to facilitate staff utilisation and ensure capacity meets demand. Monitoring of virtual care, clinical capacity, and CCD cover throughout winter period and escalation as required.	Improved rota fill and less shortfalls 24/7.	Staffing forecasting consider field operations, EOC, and 111 resourcing and consider surges in sickness or other drivers of capacity pressures.

Rotas have been reviewed and updated to ensure there is maximum decision-making capacity at times of peak pressure, including weekends and bank holidays.	Command rotas managed centrally and overseen by Resilience and Specialist Operations teams. Rotas are reviewed on a daily basis at an operating unit level with overtime and shift slides used to minimise shortfalls where possible or budgeted for.	Trust achieving better 999 call handling metrics and maintaining ARP 999 call answer of 5 seconds or less. Improved VC delivery and improved operational staffing across divisions.	Command rostering highly stable and consistent.
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Rotas have been reviewed and updated to ensure optimisation of call handler and clinical capacity within EOCs, including overnight, to manage forecasted call demand, deliver the level of clinical assessment required, and manage increased pressure from seasonal respiratory demand.	Rota and resource cover are reviewed at Divisional and Operating Unit Levels in line with organisational need. Additional capacity to manage surge and escalation is calibrated as required and allocated as part of Divisional management and 10-day look-forward planning process. Clinical skills mapping used to ensure clinical support capacity is planned to meet demand, with use of agency clinicians to supplement rotas, particularly in Integrated Care programs. Virtual care and Hear & Treat productivity a central focus with emphasis on maximising PaCCS and other VC capacity.	Trust is continuing to develop 999 Intelligent Routing Platform (IRP) call resilience model with SCAS and also YAS. Intelligent queue implemented for Virtual Care. Trust continues with its virtual care plan to train and deploy more Paramedics in Hubs in H2 to use PaCCS and undertake Hear & Treat	Resourcing reflects local operating contexts and are sufficiently resourced as determined by local and regional demand profiling.	Virtual Care identified as a key focus area for improvement. Amber RAG rating indicated identified need for continued focus on achieving H&T trajectory.
Rotas have been reviewed and updated to ensure optimisation of front-line staffing capacity to respond to forecasted demand profiles.	Regular review of resource production forms a core element of Divisional performance oversight. Weekly reviews of staffing allow a more targeted approach to utilising overtime where budgeted, etc.	Divisional Performance Framework actions provide a suite of escalatory actions that can be implemented in response to surge, including changes to staffing levels or changes in demand – or both.	Divisional resilience framework actions implemented where necessary, targeted use of additional hours.	

Annual leave schedules have been reviewed and updated ahead of winter, and procedures are in place to rapidly adjust arrangements in response to surge pressures, including cancelling annual leave and standing up overtime arrangements if required.	There is no provision in Trust policy to be able to cancel annual leave. Current policy arrangements require agreement at least 15 months in advance of any leave restrictions to be specified. Decision to stand up overtime is taken by the Senior Leadership Team based on assessment of circumstances.	Adjusted leave levels are in place for key dates across holiday periods to ensure that staffing pressures are mitigated insofar as possible.		
Opportunities to maximise resource utilisation have been considered, including increased utilisation of non-DCA resources to respond to incidents including use of PTS, CFRs, RRVs etc.	Supported by our Organisational Performance Framework, SECamb will maximise the utilisation of available resources by prioritising the tasking of Community First Responders (CFRs), HART, etc as appropriate to appropriate incidents, alongside the deployment of Rapid Response Vehicles and other non-DCA assets where clinically suitable. We have already implemented actions to 'make-own-way' for eligible patients, reducing unnecessary conveyance delays Trust will continue to implement its Virtual Care plan, focussing on increasing Hear & Treat by expanding clinical capacity and shift personnel from face to face to VC	To protect emergency performance, SECamb will implement enhanced oversight and dynamic assessment of Inter-Facility Transfer (IFT) activity. Service Delivery Managers will apply additional scrutiny to requests, supported by clinical review and escalation where requests do not meet agreed criteria or would compromise urgent and emergency demand. Collaboration is ongoing with Surrey and Sussex ICBs to improve management of IFT requests from acute providers.	Ensuring Inter-Facility Transfer (IFT) activity is clinically appropriate and does not compromise frontline resource availability for 999 demand. This will be achieved through real-time monitoring and clinical triage of IFT requests, additional scrutiny by Service Delivery Managers, and flexing or deferring activity during periods of system pressure. Ongoing work with	

	roles, with a clear focus on improving productivity. Dynamic flexing of clinicians and activity between 111 and 999 to continue, ensuring the right clinician with the right skillset managing activity safely and in a timely manner. New 111 operating configuration and model in place, enabling better resilience and increased clinical capacity to manage demand. Ongoing monitoring of 'Resources Per Incident' (RPI) to ensure all units assigned to an incident are value adding for patients.	C2 Streaming process will continue to be reviewed and evolve to improve effectiveness. SECamb's clinical skill shift continues, increasing clinicians' virtual care capability via PaCCS to continue in H2. Recruitment drive to increase EOC senior clinician capacity ongoing	Surrey and Sussex ICB will seek to improve the quality, appropriateness and management of IFT requests from acute providers. Increased UCR acceptance rates (with system partnership and effort) Better utilisation of alternative patient pathways, with an increase in conveyance to alternatives to ED.	
Call to Consult pathways are in place in line with locally agreed protocols to support See & Treat activity and reduce avoidable conveyance. Ambulance crews should have access to additional support from EOC clinicians, multidisciplinary teams and single points of access.	The Call to Consult approach continues to be refined so that Hub and EOC clinicians, multidisciplinary teams and single points of access support crews with on-scene decision-making and appropriate alternatives to ED.	SECamb will continue to implement clinical support opportunities and, increasing appropriate clinical intervention before dispatch and before conveyance.	Increased usage of Service Finder. Reduced See & Treat. Better use of alternative pathways e.g. SDEC, UTCs etc.	Amber RAG rating a reflection of identified need for continued improvement and efficiency around the use of VC resources

Ambulance crews should have access to additional support from EOC clinicians and SPOAs.				
Processes are in place to provide overnight support for call handlers and clinicians to provide urgent in-home care for non-emergency, clinically assessed patients, with follow-up services available the next day.	SECamb is working with NHSE to develop options to manage non-emergency patient care overnight, when suitable alternative service provision is unavailable.	SECamb to collaborate with commissioners to identify options to ensure optimised clinical validation i.e. Triage, Transfer, and Redirection (TTR) model, within IUC.	Increased downgrade rates for ambulance validation in IUC, facilitating greater capacity for ED validation.	Alternative referral options are presently limited in some contexts leading to reliance on clinical safety and review processes in EOC.
Plans and SOPs are in place to support ambulance crews to complete hospital handovers within 15 minutes, with none exceeding the 45-minute maximum.	SECamb has robust plans in place to support effective hospital handovers and has been delivering low handover times consistently. The “Release to respond” protocol is well embedded and strong local relationships have been established. Our Organisational Performance Framework Plans include escalation points to ensure timely conveyance to the hospital front door and, where appropriate, self-conveyance from the scene.	• Implement Divisional Resilience Framework Plans to maintain operational flexibility. • Apply enhanced oversight of Out of Service status to minimise downtime. • Continue to enforce the automatic clear process to make crews available promptly post-handover.	Improved handover performance reported during regular performance oversight processes.	

		• Use Daily Leadership Huddles for real-time performance review and rapid problem-solving. • Deploy On-Duty Operational Commanders to provide live oversight, enforce compliance, and escalate issues promptly.		
Plans and SOPs are in place to support ambulance crews to complete post-hospital handovers within 15 minutes.	Post-handover processes are supported through automatic clear arrangements, EOC oversight, local operational grip, and escalation via Duty Operational and management teams where delays impact resource availability. Systems are currently embedded to auto-clear crews at 15 mins post handover.	Continue monitoring post-handover performance through divisional and EOC performance arrangements, with targeted action where delays affect availability.	Improved post-handover availability, reduced lost hours, and faster return of ambulance crews to respond to patients.	
REAP, CSP and DMP frameworks have been reviewed and updated and will be utilised as appropriate, and have been communicated with	REAP and CSP arrangements are embedded within Trust escalation processes and aligned to the Organisational Performance Framework, divisional resilience	Continue communication and testing with system partners through divisional, ICB, NHSE, and resilience governance routes	Shared understanding of escalation triggers, improved operational grip, proportionate response to 999	

system partners to ensure a shared understanding of 999 operational pressures and escalation measures.	arrangements and the common operational position. This enables clinical safety, performance trajectory, capacity and pathway risks to be identified through agreed thresholds, assigned to named owners and escalated with clear actions, review times and closure criteria.	Additional escalation options under development and review and additional focus on prospective escalation where appropriate. Review and recalibration of trigger points and thresholds for escalation ongoing as part of winter planning and quality processes. REAP and CSP triggers under review.	pressure, and reduced requirement for late strategic intervention.	
Plans are in place to support staff welfare through periods of high demand.	Local welfare arrangements are supported by divisional leadership, community resilience links, wellbeing resources, and operational management oversight during periods of pressure.	Continue to align staff welfare, personal resilience, and workforce experience actions through divisional governance, People and Culture routes, Community Resilience welfare units, and Resilience Oversight Group reporting.	Improved staff support, sustained workforce resilience, and reduced avoidable abstractions during high demand periods or periods of weather-related disruption, etc.	
Infection Prevention and Control (IPC)				
IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	The IPC Team have authored vaccination elements and had input into the plan and are confident that actions relating to IPC are in place.	Engagement locally via the Divisional Management Groups (DMGs), tracked and communicated centrally with routes for escalation. Specific additional planning now in place around both	IPC-led plan developed. Tracked and assured via Trust audit and compliance processes.	

		pandemic response and the Trust response to more localised outbreaks following learning from events this year.		
Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	The Trust have a new powered hood to replace existing units in circulation. This provides respiratory protection in line with IPC guidance and H&S regulations.		Safe system currently in place providing respiratory protection for all operational staff. Delivery of future solution to be overseen as part of implementation planning.	
Leadership				
On-call arrangements are in place and have been tested.	The Trust has a comprehensive on call structure including commanders at all levels.	Active monitoring of on-call rotas and ensure resilient command structures.	Daily conference calls are held with leadership teams. Command staffing reviewed as part of Daily Trust Readiness Huddle.	
Business Continuity Plans have been reviewed and include processes and mitigating actions to maintain service delivery over winter.	All Business Continuity Plans have been reviewed to ensure they include robust processes and mitigating actions to maintain service delivery throughout the winter period.	Fusion Business Continuity system implementation ongoing as part of wider system resilience work program.	The Trust has established a new Business Continuity Working Group which reports into the Resilience Oversight	Business continuity plan updates ongoing and work continuing to improve

	As part of our 2026/27 EPRR Assurance process, and the implementation of the Fusion Business Continuity system, the Trust is completing a comprehensive review of all Locality Business Continuity Plans.		Group. Business continuity system implementation is a core part of continued efforts toward the Resilient Organisation quality priority.	systems and process as per core standards action planning.
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Discussions have taken place with NHSE regional teams, ICBs and local systems to support enhanced ability to refer patients into alternative services, including SDECs, frailty SDECs, and virtual wards, reduce avoidable conveyance, support advice at scene and ensure hospital handover compliance.	SECamb has active engagement with NHSE regional teams, ICBs and local systems through UEC boards, commissioner meetings, divisional governance and operational forums. This includes work to improve access to alternative services, support advice at scene, reduce avoidable ED conveyance and maintain handover compliance. This work is supported by the virtual care programme, UCNH/SPOA arrangements, local pathway development, the divisional model, and Service Delivery Manager-led operational focus.	Continue partnership work to improve SDEC, frailty SDEC, virtual ward, urgent community response and other pathway access, with escalation through divisional and system governance where access or capacity constraints affect ambulance response or conveyance.	Improved advice at scene, increased use of alternative pathways, reduced avoidable conveyance, and sustained hospital handover compliance.	
Engagement has been undertaken with system partners, including primary care, to ensure appropriateness of HCP and IFT requests, supported by sufficient clinical senior decision making within EOCs.	Engagement with system partners supports appropriate HCP and IFT demand management, with clinical input available through EOC, virtual care and senior clinical decision-making routes. Service Delivery Managers will provide additional scrutiny of individual IFT requests where appropriateness, urgency or operational impact requires challenge. SECamb is continuing collaboration with Surrey and	Continue system engagement to review HCP, IFT, careline and welfare-call demand. IFT arrangements will include additional scrutiny of requests by Service Delivery Managers, strengthened clinical validation and escalation routes, and ongoing collaboration with Surrey and Sussex ICB and their acute providers to agree	Reduced inappropriate ambulance response, improved clinical validation, and better protection of frontline resource availability.	Ongoing system engagement required. Significant additional non-commissioned pressure from IFT volume

	Sussex ICB to improve management of IFT requests from acute providers and reduce avoidable non-commissioned pressure.	improved request management.		
The Board is assured that severe weather and infrastructure disruption contingencies have been reviewed.	Severe weather, fleet, estates, infrastructure and external disruption risks are considered through EPRR, business continuity, winter readiness and divisional resilience arrangements. Planning processes in place for periods of foreseeable additional pressure including the development of specific plans and escalatory actions, ie ICC	Maintain forward-look review of severe weather, infrastructure disruption, fleet resilience, fuel, winter equipment and local contingency plans through Trust and divisional governance.	Improved readiness for severe weather, infrastructure disruption and local system risks.	
The Board is assured that industrial action contingencies have been reviewed where relevant.	Industrial action contingencies remain part of Trust resilience, business continuity and command arrangements and will be reviewed where relevant to the winter operating period.	Maintain readiness to refresh industrial action plans should national or local risk change, with oversight through EPRR, workforce and executive governance.	Maintained operational readiness and clear escalation arrangements should industrial action risk emerge during winter.	



Saving Lives,
Serving Our Communities



Agenda No	65/26
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Name of meeting	Trust Board
Date	1 October 2026
Name of paper	Quality & Patient Safety Committee Assurance Report
Committee Chair	Liz Sharp Independent Non-Executive Director / Deputy Chair

INTRODUCTION

The Quality & Patient Safety Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; and risk.

This assurance report provides an overview of the most recent meeting on 17 September 2026, and is set out in the following way:

- **Alert:** issues that requires the Board’s specific attention and/or intervention
- **Assure:** where the committee is assured
- **Advise:** items for the Board’s information

ALERT

Risk Review

The committee continues to have good visibility of the key risks within its purview. BAF risk 1 (Virtual Care) was picked up under the separate item, noting that elements of this risk are starting to materialise. The related corporate risk (674 – VC recruitment) was explored. The committee was curious about the fact we have an excess of NQPs on the one hand and not enough people in virtual care on the other. There are currently 43 WTE Band 6 and 9 WTE Band 7 vacancies. Some of this is being mitigated via agency and there are 12 new starters to join shortly with others in the pipeline, but recruitment is a significant issue impacting our ability to deliver against this strategic aim.

There is a new emerging risk related to clinical digital capacity and our ability to meet the requirement to review the impacts on clinical safety before implementing new digital processes. SCAS appear to have greater capacity and capability in this area and we are exploring how to pool resources as a key mitigation. The committee will seek further assurance on the controls and actions at its next meeting.

Strategic Priority: Virtual Care / BAF Risk 1

To help frame this item Kim Harding, Clinical Safety Navigator, joined to talk to the committee about her experience of working in the virtual care environment. She set out some of the challenges and the need to make this an attractive offer but then spoke positively about the working environment and how it is an effective way of supporting patients to ensure they get the right care and advice.

This gave some helpful insights into how patients respond when they receive advice on self-help and/or redirection to other services, rather than being sent an ambulance. Kim reflected her experience that patients primary concern is to speak to a clinician and receive the right advice.

This is a key BAF strategic priority and is not delivering in line with plan, with elements of the related risk starting to materialise, e.g. impact on the resources available to respond to patients that require an emergency response (C2 mean).

There is some assurance on PAACs recruitment; since April we have trained 85 band 6s from field operations who are now working in virtual care (50% of their time), and there are 55 more due in October and November. The executive reflected on some of the workforce challenges and the missteps in how people have been engaged. But the overall direction and intent remain the same, as this is critical to the trust's clinical strategy.

The in-year hear and treat (H&T) is increasing, 16.6% in August, but not as planned and so adversely impacting our C2 mean. The committee explored what this means for patient safety and while patient safety incidents remain relatively low - less than 1% of activity, with the majority being low harm incidents, from previous analysis we can expect two additional incidents for every minute delay.

Overall, the committee remains not assured and there was a constructive discussion about the need to better understand the reasons, acknowledging there are many factors. For the next meeting in November the Senior Responsible Officer has been asked to provide greater clarity about what should be happening that isn't through lens of the impact on patients. This is a board-level issue, and the committee reinforced its support in working together to find the right solutions.

ASSURE

Strategic Priority: Pathways of Care / BAF Risk 2

The programme remains on track with most of the core milestones being delivered to date across Falls, Mental Health and End of Life Care workstreams.

The committee noted the ongoing issues with provision of End of Life Care, and there will be further discussion in November about our strategic position with this to then engage with commissioners.

Cardiac Arrest – 30 Day Survival

The data has now been published for 2025-26 with SECAMB showing the best survival rate in England: 12.5%. The national average less than 10%. This demonstrates further improvement in line with our BAF priority with ongoing actions to reduce variation in outcomes, targeting improvement in the bottom 20-decile geographies by Q4, including expanding volunteer capability and outreach. See People Committee report for the review of the community resilience and volunteering strategy.

Controlled Drugs Accountable Officer Annual Report

This Annual Report 2025/26 provides assurance that controlled drugs continue to be managed safely and effectively across SECamb's 999 and 111 services. Despite a significant increase in controlled drug activity, including a 14% rise in distributions during the year, incident rates remained low and decreased overall compared with the previous year. Robust governance arrangements, routine audits, incident monitoring, staff training and external reporting processes have continued to support the safe handling and use of controlled drugs across the Trust.

Overall, there is assurance that SECamb maintains high standards of controlled drug governance. While further work is planned to improve documentation of controlled drug reconciliations and continue developing processes to manage drug-seeking behaviour, the Trust remains committed to continuous improvement and the safe, secure and effective use of controlled drugs.

ADVISE

Quarterly Integrated Patient Safety Report

The Integrated Patient Safety Report triangulates the range of data and information available, e.g. divisional incident review group, legal reviews, Prevention of Future Deaths intelligence and patient experience. The committee really welcomed the new structured prioritisation methodology, which has helped to identify the top ten patient safety themes, with delays, triage and dispatch decision-making, deterioration following service contact, mental health, and non-conveyance emerging, as the highest priorities. With this analysis now available the committee will track progress over time to assess how we are addressing the key issues.

Learning Framework

This framework is not as advanced as we would have liked but the committee did acknowledge the other competing priorities. Work is however now progressing and there was a helpful discussion about how over time we link this to appraisal and supervision. There was also assurance that we are linking in patient safety and the plan to develop the system to record all learning so that it can be searched in real time.

Overall, the committee is satisfied with the progress now being made and is supportive of this being developed in slightly slower time to ensure we develop the right framework and embed it effectively.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle

Board

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues



Step 3

Agree what additional assurance/actions are required

Step 4

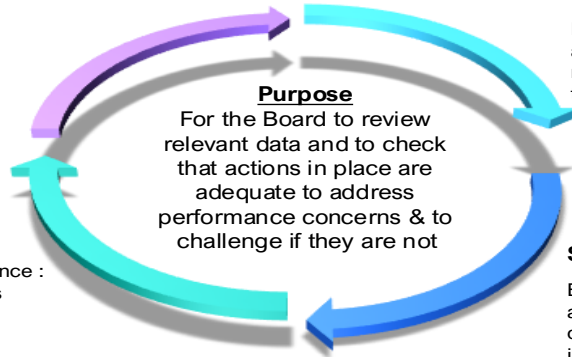
Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Step 2

Discuss areas of underperformance :
Are responsibilities & timescales clear?
Are these actions adequate?
When can we expect to see improvement?

Step 1

Board receive papers in advance of the meeting. Papers describe the action being taken in response to underperformance





		Agenda No	66-26
Name of meeting	Trust Board		
Date	1 October 2026		
Name of paper	Thirlwall Inquiry Review		
Responsible Executive	Jo Turner, Interim Chief Nursing Officer		
Author	Jo Turner, Interim Chief Nursing Officer		
This report reviews the findings of the Thirlwall Inquiry and assesses their relevance to SECamb, focusing on culture and people services, safeguarding, patient safety and risk, and Freedom to Speak Up (FTSU). The review provides assurance that the Trust has significantly strengthened its governance, patient safety, safeguarding, speaking up and organisational learning arrangements in recent years, supported by improved psychological safety, stronger multidisciplinary oversight, enhanced patient safety systems and increased Board visibility of quality risks. The Inquiry also identifies opportunities for further improvement. The principal gap relates to the systematic identification and triangulation of workforce, safeguarding, patient safety, complaints and speaking up intelligence at an individual staff-member or clinician level. Actions have been identified to address these gaps, strengthen preparedness for deliberate harm scenarios and further enhance organisational oversight.			
Recommendations, decisions, or actions sought.	The Board is asked to note the findings, take assurance from the controls currently in place, and support delivery of the proposed actions and recommendations arising from this review.		
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).			No

Thirlwall Inquiry Review

1. Introduction

The Thirlwall Inquiry was established following the conviction of former neonatal nurse Lucy Letby for the murder and attempted murder of babies at the Countess of Chester Hospital. The final report, published in September 2026, examined the events leading to these tragic incidents and their wider implications for healthcare organisations.

Our thoughts remain with the babies who died or were harmed, and with their families and loved ones.

The Inquiry's central finding is that serious harm occurred not only because of the actions of one individual, but because multiple organisational safeguards failed to identify, connect and act on emerging concerns. Despite concerns being raised, information available and governance arrangements in place, opportunities to intervene and prevent further harm were missed.

This paper considers the Inquiry's findings and recommendations in the context of SECamb and seeks to provide initial reflections to address the question: *Could this happen in our organisation?* While no organisation can credibly claim such events could never occur, the key consideration for the Board is whether our culture, leadership, governance and assurance arrangements are effective in identifying concerns early, triangulating intelligence, acting decisively to protect patients and supporting continuous learning and improvement.

2. Background

The final report from the Inquiry identified significant organisational, cultural and governance failures that prevented concerns from being recognised, escalated and acted upon. A key theme was that risks were often viewed through organisational or employment lenses rather than a patient safety lens.

The Inquiry report found failures to identify patterns of harm, escalate concerns effectively, and maintain robust oversight, compounded by silo working, fragmented governance and poor communication. It also highlighted weaknesses in recognising safeguarding risks, balancing patient safety and HR processes, and responding effectively to concerns raised by staff.

The Inquiry reinforces the importance of integrated patient safety, safeguarding, workforce governance and organisational learning systems, supported by cultures that encourage speaking up, constructive challenge and timely action to protect patients.

3. Assessment

3.1. Culture and People Services

The Inquiry highlights the need for patient safety to remain the overriding priority in organisational culture, leadership decision-making and people management processes. It found that concerns about patient harm became overly influenced by employment, grievance and reputational considerations, delaying action to protect patients.

For People Services, the key lesson is that employment processes must never become detached from patient safety and safeguarding considerations. The Inquiry found that concerns raised by clinicians were inappropriately drawn into grievance processes rather than treated primarily as

patient safety concerns. The Inquiry recommends that all employment policies explicitly prioritise patient safety and that grievance processes should not delay or undermine action needed to assess and mitigate risks to patients.

The Board can take assurance that the Trust has already recognised and transparently disclosed many of the cultural risk factors associated with a grievance-dominated environment and has established a programme of improvement focused on leadership behaviours, psychological safety, speaking up, safeguarding, professional standards and accountability. The independent culture review found evidence of genuine progress, including increased psychological safety, greater leadership openness and stronger staff engagement, whilst honestly identifying remaining risks relating to localised sub-cultures, inconsistent leadership behaviours, use of authority, confidence in speaking up and safeguarding. The Board has oversight of these issues through the People Committee, Leadership Framework, cultural improvement programme and established governance arrangements, providing important safeguards against patient safety concerns becoming subsumed within employee relations processes.

However, the scale and length of current employee relations cases indicate a continuing risk that mirrors aspects of the learning from Thirlwall. The high volume of grievances and employment tribunals, together with the prolonged duration of grievance cases, may indicate that concerns can become formalised, adversarial and difficult to resolve, potentially diverting organisational attention from learning, behaviour and safety improvement. In this context, further assurance could be strengthened by explicitly embedding patient safety and safeguarding as the overriding principle within employee relations processes; prioritising grievances / disciplinary processes that link to patient safety as a way of managing and ensuring faster resolution, also to review any longstanding or legacy cases through the safeguarding lens. All these matters form part of the People Services delivery plan, are monitored through our existing governance processes including oversight by Executive Management Board and People Committee.

3.2. Safeguarding

The Inquiry highlights significant safeguarding lessons for all healthcare providers, including SECAmb. A key finding was the failure to recognise concerns about a healthcare professional potentially harming patients as a safeguarding issue, with concerns instead, being managed primarily through HR and operational processes. The Inquiry found limited organisational understanding that safeguarding responsibilities extend to risks posed by staff as well as patients' families or carers, and that this lack of recognition contributed to delayed protective action. It also identified weaknesses in the integration of safeguarding, patient safety, workforce, risk and speaking-up processes, meaning concerns were not effectively connected, escalated or acted upon. More broadly, the Inquiry emphasises the need for organisations to foster professional curiosity, support staff to raise concerns, ensure safeguarding training includes conversations about the risk of staff deliberately harming patients, and prioritise immediate patient protection where concerns arise about staff conduct.

In SECAmb, safeguarding is embedded within wider patient safety, sexual safety, workforce and governance arrangements, with multidisciplinary review processes, clear escalation routes, Board oversight, strengthened Sexual Safety governance and mechanisms to connect intelligence from multiple sources. This provides assurance that concerns are considered through a safeguarding lens and that patient protection remains the primary consideration when risks are identified. The specific terminology of deliberate harm is not currently explicitly addressed within our policy framework and

will be reviewed to ensure that there is clarity regarding the expectations of deliberate harm to any patient, not just those who fall under the remit of safeguarding.

The following actions will be taken to further strengthen our existing safeguarding processes:

1. Incorporate clearer guidance as to how the Trust should manage allegations of deliberate harm perpetrated by staff against patients.
 - This will be incorporated into the existing allegations management policy and procedure which is currently being reviewed, and consideration will be given as to how this is enacted in practice aligned to the policy.
2. Incorporate deliberate harm scenarios into safeguarding training
 - The current iteration of safeguarding training has already been agreed and approved so this will be enacted in the 2026/27 training delivery.

The above actions will be monitored and overseen by the Safeguarding subgroup, reporting into the Patient Safety and Experience Group (PSEG).

3.3. Patient Safety and Risk

The Inquiry identified failures to recognise, escalate and respond to emerging patient safety risks, with concerns considered in isolation and patient safety at times coming secondary to organisational considerations. Key lessons are the need to prioritise patient safety above all other factors, respond promptly to concerns, strengthen risk management and surveillance systems, and adopt a precautionary, evidence-based approach where unusual safety signals or practitioner-related risks emerge. Implementation of Recommendation 9 detailed in section 4 below will further support these requirements.

In SECAMB, the implementation of PSIRF, strengthened Incident Review Groups, enhanced Integrated Patient Safety Reporting, divisional patient safety governance and routine triangulation of incidents, complaints, risks and themes provide a systematic approach to recognising emerging concerns thematically but not at an individual clinician or frontline member of staff level. Board reporting focuses on trends, learning and assurance, supporting earlier identification of risk and targeted action where concerns arise. Duty of Candour compliance is also overseen at a Board level.

The Trust's Learning from Deaths process provides assurance on the quality and safety of care through structured review of deaths where concerns are identified. Accountability sits with designated clinical and governance leads, supported by trained Structured Judgement Review (SJR) reviewers and established patient safety governance arrangements. SJRs are commissioned in response to concerns arising from incidents, complaints, claims, coronial activity and other governance routes, ensuring consistent clinical review and appropriate quality, safety or governance responses.

Findings are considered alongside wider sources of quality intelligence, including incidents, complaints, claims and coronial matters, enabling themes to be identified, organisational learning to be shared, further investigation where required, and improvement actions to be monitored through established governance processes. Whilst further work is underway to develop the Trust's mortality dataset to support the proactive sampling elements of the Learning from Deaths framework, there is assurance that deaths associated with quality, safety or effectiveness concerns are routinely identified through existing governance routes and are subject to structured clinical review and governance oversight.

The gap in assurance relates to clinician specific harm signals. The Trust does not currently systematically or routinely triangulate individual staff or clinician harm signals that may manifest through subtle operational behaviours in clinical, safeguarding or workforce indicators. In example, we do not currently routinely or systematically identify or triangulate unexpected patient deterioration following contact with specific clinicians, outliers in mortality trends, increased complaints relating to a particular individual or repeated but minor behavioural or sexual safety concerns at an individual level.

The following actions will be taken to further strengthen our patient safety processes:

1. Identify and implement a mechanism for monitoring incidents / complaints about suspicious deliberate patient harm by staff members, triangulating this data with workforce data and documented triggers for protective action, multidisciplinary review, executive escalation, independent scrutiny and police or safeguarding involvement, aligned to recommendation 9 articulated in section 4 of the report.
2. Clarify the alignment between the current PSIRF 'Being Fair Tool' approach to malicious and reckless behaviour and Thirlwall recommendations of suspicion of deliberate patient harm by staff and amend current policies / procedures and ways of working to reflect this.

The above actions will be monitored and overseen by the Patient Safety and Experience Group (PSEG).

3.4. Freedom to Speak Up (FTSU)

The Inquiry highlights that effective Freedom to Speak Up is not only about enabling staff to raise concerns, but ensuring concerns are heard, connected, risk assessed and acted upon. At the Countess of Chester Hospital serious patient safety concerns were raised on multiple occasions but were not consistently documented, escalated or responded to, demonstrating how risks can be missed despite formal speaking up processes.

Key lessons include fostering psychological safety, protecting those who speak up, providing independent challenge and ensuring clear accountability for responding to concerns. Organisational assurance should focus on whether concerns lead to timely action, learning and support for those who raise them, with leaders adopting a culture of curiosity and triangulating concerns from multiple sources to identify emerging risks.

SECAMB has strengthened its FTSU arrangements over the last four years through additional Guardian capacity, executive oversight, data dashboards, detriment monitoring, a Speak Up Champion network and integration of FTSU intelligence into quality and safety reporting. Sustained improvements in staff survey results, increased confidence to raise concerns and significant reductions in reported detriment provide evidence that concerns are more likely to be heard, connected with other organisational intelligence and acted upon appropriately.

The following actions will be taken to further strengthen our FTSU processes:

1. Strengthen triangulation and escalation of speaking-up intelligence
 - Develop a more systematic mechanism for triangulating significant or recurring FTSU intelligence with patient safety, safeguarding, workforce/ER, complaints, sexual safety and other relevant sources, particularly where concerns relate to an individual, service or repeated pattern of behaviour.
2. Strengthen assurance from Speak Up to Speak Up, Listen Up and Follow Up

- Board reporting will continue to include activity and themes but will also provide assurance about organisational response, outcomes, learning and detriment.
3. Strengthen approach to detriment
- For higher-risk or particularly sensitive concerns, the FTSU will introduce a proportionate follow up mechanism after the immediate case has concluded. This will allow identification of whether an individual subsequently experiences disadvantage, exclusion, career impact or other detriment associated with having spoken up rather than relying solely upon them returning to FTSU to tell us.

The above actions will be monitored and overseen by the Head of Sexual Safety and Speaking up and the Chief Nursing Officer, reporting into Board. The Trust will monitor the national response to Recommendation 16 (The functions of the National Guardian's Office should be taken over by the Parliamentary and Health Service Ombudsman in England) and reflect any resulting changes within its FTSU arrangements.

3.5. Summary of Assessment

Having considered the Inquiry findings, there is assurance that SECamb has made significant progress in strengthening its culture, governance, patient safety, safeguarding, speaking up and organisational learning arrangements. The Trust has established robust structures for the identification, review and escalation of concerns, supported by improved psychological safety, stronger multidisciplinary oversight and enhanced Board assurance.

However, the Inquiry also highlights opportunities to further strengthen our arrangements. The principal gap relates to the systematic identification and triangulation of concerns at an individual staff-member or clinician level, bringing together patient safety, safeguarding, workforce, speaking up, complaints and behavioural intelligence to identify emerging risks at the earliest opportunity. The actions outlined within this report will strengthen these arrangements, further embedding patient safety as the overriding consideration in decision-making and enhancing the Trust's ability to identify, escalate and respond to concerns before harm occurs. Overall, the Board can take assurance that strong foundations are in place, while recognising the need for continued vigilance, professional curiosity and continuous improvement.

4. Recommendations

In addition to the actions identified in section 3 of this report, the full report from the Inquiry identified 17 recommendations in total. Of these, four relate to SECamb and are detailed below:

Recommendation 3 – Bereavement Care

The National Bereavement Care Pathway for neonatal death should be implemented nationally and in all Trusts by 31 August 2027.

The National Bereavement Care Pathway (NBCP) for neonatal death is a standardised, evidence-based framework designed to improve bereavement care and reduce variability in provision for families after a baby dies within 28 days of birth. It has been designed for acute trusts but the principles, particularly in relation to breaking bad news can equally be applied to ambulance services.

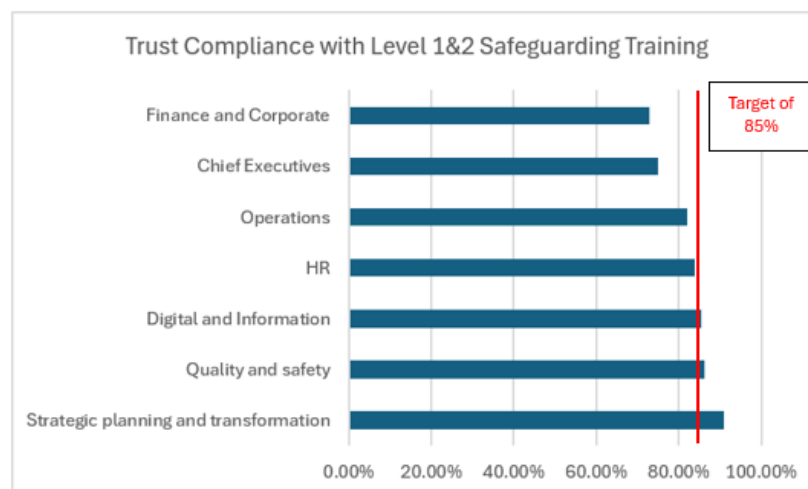
SECAmb's Consultant Midwife will review the NBCP and ensure that our processes and ways of working are aligned to this by 31 August 2027. This work will be monitored and overseen by the Professional Practice Group (PPG), reporting into Clinical Effectiveness Group (CEG).

Recommendation 4 i – Safeguarding & Contracts of employment

All Trusts must provide safeguarding training to all staff (appropriate to their role and expertise) and Board members, including Non-Executive Directors. This training should include how to deal with concerns and suspicions about deliberate harm caused by staff.

The government has committed to undertake a review of the 'Working Together to Safeguard Children' (April 2026) and safeguarding training nationally which we will continue to monitor. Currently all staff and Board members complete safeguarding level 1 & 2 training for children and adults. This course provides staff and the Board with the knowledge and confidence to recognise, respond to and report concerns about children and adult safeguarding. It covers types of abuse, legal frameworks, roles and responsibilities, and appropriate referral pathways. Training levels are aligned to role and level of contact with patients and service users.

Overall, Trust compliance with level 1 & 2 safeguarding training is 82.29% which is just short of our target of 85%. Many operational staff are due to complete this on their next key skills training day.



An improvement programme is underway across the organisation to improve compliance with statutory and mandatory training. Safeguarding training will continue to be overseen by the Safeguarding subgroup, reporting into the Patient Safety and Experience Group (PSEG).

Recommendation 9 iii - Suspicion of Deliberate Harm Protocol and guidance

Trusts must embed the Suspicion of Deliberate Harm Protocol

There is a requirement for NHSE to produce and distribute a one-page protocol setting out the steps to be taken by managers when concerns or suspicions are raised that a healthcare professional may have deliberately harmed a patient by 31 March 2027. Guidance of no more than two pages will accompany the protocol, and this is then required to be implemented within organisations.

Once the protocol and guidance have been published by NHSE, this will be reviewed by the Chief Nursing Officer and Chief People Officer to implement. A review of Trust policies will be undertaken to align with the national guidance once issued and this will be incorporated into safeguarding supervision and leadership development.

Recommendation 13 iii - Accountability and regulation of managers

In addition to the statutory duty for organisations, all managers must be subject to an individual duty of candour to all patients and colleagues. This should be included in the code of conduct and in the contract of employment for all managers.

Requirements for individual duty of candour to all patients and colleagues will be included in contracts of employment for all new managers at Band 7 and above from 1 January 2027. Implementation will be overseen by the People Management Group.

The Trust's Leadership Framework 2026-2029 sets out a shared understanding of our collective expectations around leadership and management practice at SECamb and includes the qualities of accountability, curiosity and integrity.

5. Summary and Conclusion

The Thirlwall Inquiry demonstrates that serious harm can occur when concerns are not effectively connected, escalated and acted upon, even where policies, governance structures and reporting arrangements exist. Its findings reinforce the need for organisations to maintain patient safety as the overriding priority and to ensure that patient safety, safeguarding, workforce governance, speaking up and organisational learning arrangements operate as a single, integrated system.

Having reviewed the Inquiry findings, the Board can take assurance that SECamb has made significant progress in strengthening its culture, governance, safeguarding, patient safety and FTSU arrangements. Mechanisms are in place to support the identification, escalation and management of concerns, underpinned by improvements in psychological safety, multidisciplinary oversight, patient safety governance, safeguarding arrangements and Board assurance. These foundations place the Trust in a stronger position to recognise and respond to emerging risks than previously.

The Inquiry also highlights opportunities for further strengthening. The principal area for development is the systematic triangulation of intelligence across patient safety, safeguarding, workforce, speaking up, complaints and behavioural data at an individual staff-member or clinician level. Additional actions have been identified to strengthen the management of deliberate harm scenarios, enhance organisational learning and improve executive and Board visibility of emerging patterns of risk.

Overall, the Board can be assured that governance and assurance arrangements are in place and continue to mature. The actions outlined within this report, together with implementation of the relevant Inquiry recommendations, will further strengthen the Trust's ability to identify concerns early, act decisively to protect patients and staff, and sustain a culture of openness, curiosity, accountability and continuous improvement. The Board is therefore invited to note the findings of the Inquiry, take assurance from the controls currently in place, and support delivery of the actions arising from this review.



		Agenda No	68-26
Name of meeting	Trust Board		
Date	1 October 2026		
Name of paper	WRES & WDES 2026		
Executive sponsor	Sarah Wainwright – Chief People Officer		
Author name and role	Dawn Chilcott – Assistant Director of Culture and OD Matthew Thompson – OD Advisor Collaboration with – SSP’s, OD, Recruitment, Security, ER, HR, Comms, Health and Wellbeing, Freedom to Speak up and Education.		
The 2026 WRES and WDES data demonstrates that SECamb continues to make positive progress against the majority of national workforce equality indicators, with improvements seen across recruitment, career progression, reasonable adjustments, workforce representation, colleague experience and Board representation.			
WRES			
Key areas of improvement include:			
- Recruitment outcomes for Global Majority colleagues have improved significantly, with appointment ratios moving beyond parity and reaching the most favourable position recorded in the last five years. - Confidence in career progression and promotion opportunities has improved substantially, with both White and Global Majority colleagues reporting increased confidence in access to development opportunities. - Reports of harassment, bullying and abuse from both the public and colleagues have reduced. - Board representation is now broadly proportionate to the ethnic profile of the workforce. - The Trust has continued to strengthen leadership development opportunities through ASCEND, mentoring, inclusive recruitment initiatives and targeted workforce development programmes.			
Areas requiring continued focus include:			
- Global Majority colleagues remain more likely to enter formal disciplinary processes than White colleagues. - Access to non-mandatory training remains lower for Global Majority colleagues.			

- Rates of reported workplace discrimination remain higher for Global Majority colleagues than for White colleagues.

WDES

Key areas of improvement include:

- Workforce disability declaration rates have increased, with 13.31% of colleagues now declaring a disability or long-term health condition.
- Recruitment outcomes continue to show positive progress, with disabled colleagues more likely to be appointed from shortlisting than non-disabled colleagues.
- 77% of disabled colleagues report receiving the reasonable adjustments they require to undertake their role.
- Confidence in career progression has improved.
- Experiences of harassment, bullying and abuse have reduced across several indicators.
- The Trust has supported 351 colleagues through workplace adjustments during the reporting year compared to 273 in the previous year

Areas requiring continued focus include:

- Disabled colleagues remain significantly more likely to enter formal capability processes.
- Disabled colleagues continue to report lower staff engagement scores than non-disabled colleagues.
- Disabled colleagues remain more likely to experience bullying, harassment and abuse.
- Representation of disabled colleagues at Board level remains lower than workforce representation

Assurance and Strategic Response

The findings demonstrate that the Trust's approach to EDI is delivering measurable improvements in a number of key workforce equality indicators. Positive progress is evident in areas where targeted interventions have been implemented, including inclusive recruitment practices, leadership development, staff network engagement, workplace adjustments, mediation services and compassionate leadership initiatives

The Trust recognises that several indicators continue to show disproportionate outcomes for Global Majority and disabled colleagues. These findings have been reflected within the Trust's EDI Plan and will be monitored through quarterly reporting to the People & Culture Group and Executive Management Board. In line with the principles set out within the Lord Mann Review, the Trust will continue to apply an "Explain or Reform" approach wherever disparities persist, ensuring that data is understood, challenged and acted upon appropriately.

Whilst the reports demonstrate encouraging progress, three areas require continued Executive oversight:

1. Disciplinary and Capability Disparities Global Majority colleagues remain more likely to enter formal disciplinary processes and disabled colleagues remain more likely to enter formal capability procedures. Further analysis will be undertaken to understand contributory factors and ensure consistent implementation of people management processes 2. Workforce Experience Despite improvements across several indicators, disparities remain in relation to discrimination, bullying and harassment, staff engagement and feeling valued. Continued focus on speaking up, psychological safety, inclusive leadership and staff network development will remain critical 3. Data-Led Accountability Quarterly reporting through the EDI Dashboard will continue to provide assurance regarding progress against WRES, WDES, the EDI Plan and Lord Mann recommendations, enabling the Trust to monitor trends, identify emerging issues and evaluate the impact of interventions.		
Recommendations, decisions or actions sought	The Board is asked to note the findings within the 2026 WRES and WDES reports, and support continued delivery of the actions outlined within the Trust EDI Plan.	
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		No



South East Coast
Ambulance Service
NHS Foundation Trust



WORKFORCE RACE EQUALITY STANDARD REPORT 2026

V1 – August 2026



A message from our CEO

I am pleased to introduce this year's Workforce Race Equality Standard (WRES) report. WRES remains an important measure of how effectively we create a fair, inclusive and representative workplace where every colleague feels valued, respected and able to thrive.

This year's data shows positive progress alongside areas requiring continued focus. Recruitment outcomes have improved significantly, with BME candidates now more likely to be appointed from shortlisting than White candidates. Confidence in career progression continues to improve and reports of harassment, bullying and abuse from colleagues have reduced across both groups. Board representation is now proportionate to our workforce population.

However, disparities remain. BME colleagues continue to be more likely to enter formal disciplinary processes, experience discrimination at work and have lower access to non-mandatory training opportunities. These findings reinforce the importance of sustained action, strong leadership and evidence-based interventions.

We recognise that meaningful progress requires sustained focus and transparency. While several indicators show improvement, we will continue to use our data, colleague feedback and lived experience to better understand where inequalities persist and ensure targeted action is taken to address them. Through strong governance and leadership accountability, we remain committed to building a workplace where everyone feels included, respected and able to reach their full potential.

Our focus remains on strengthening staff networks, inclusive recruitment, staff development and the use of data and insight to drive improvement. Through our EDI Plan, we will continue to listen to colleagues, learn from lived experience and hold ourselves accountable for delivering meaningful and lasting change.

I would like to thank our colleagues, members of the Inspire Network, managers and partners who continue to share their experiences and help us build a workplace where every colleague feels valued, respected and able to reach their full potential.

Jen Allen

South-East Coast Ambulance NHS Trust



A message from our Inspire Network



The Workforce Race Equality Standard (WRES) is much more than a set of statistics. Behind every indicator is a colleague's experience, and every figure represents an opportunity for us to learn, improve and create a workplace where everyone feels valued, respected and included.

As Chair of Inspire, I have had the privilege of listening to colleagues from across our Trust share their experiences, aspirations and ideas. Whilst this year's report highlights encouraging progress in areas such as career progression, leadership development and reductions in bullying and harassment, it also reminds us that there is still more work to do to ensure equity is consistently experienced by all colleagues.

True inclusion is not achieved through policies alone. It is created through everyday behaviours, compassionate leadership, meaningful conversations and a genuine willingness to listen to lived experience. The Inspire Network is proud to work alongside colleagues, our Executive Team and partner staff networks to influence positive change, challenge inequality where it exists and celebrate the diversity that strengthens our organisation.

I would like to thank every colleague who has shared their experiences, participated in our events and supported the work of Inspire over the past year. Your voices continue to shape the future of our Trust.

Together, we will continue building a workplace where everyone feels they belong, where opportunity is open to all, and where every colleague can thrive and achieve their full potential.

Amjad Nazir
Chair Inspire Network



Inspire
Cultural Diversity Network

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INTRODUCTION

The Workforce Race Equality Standard (WRES) is a mandatory requirement for all NHS organisations with more than 250 staff. Its purpose is to identify and address disparities in the workplace experience of Black and Minority Ethnic (BME) colleagues compared with their White counterparts.

WRES provides a critical evidence base to measure progress against our EDI Action Plan, to hold ourselves accountable for change and to ensure we are building a workplace that is fair, inclusive and representative of the communities we serve.

As with previous years, this WRES analysis draws on two core datasets:

- Workforce data extracted from the **Electronic Staff Record (ESR)** as at 31 March 2026, including headcount by ethnicity, pay band, recruitment and disciplinary processes.
- Staff experience data from the 2025 **NHS Staff Survey**, published in spring 2026, which captures the lived experiences of staff across areas such as bullying, harassment, discrimination, and career progression.

The two data sources together provide a balanced picture of both the structural and cultural aspects of race equality within SECamb.

Percentages are based on staff self-declaration.

The WRES covers nine indicators, grouped into three broad areas:

1. **Workforce composition and processes:** representation by pay band, recruitment, disciplinary outcomes and access to training.
2. **Staff experience:** perceptions of career progression, bullying/harassment and discrimination at work.
3. **Leadership:** representation at Board level.

WRES is integrated into SECamb's wider EDI plan, aligned to the EDI four focus areas:

- **Staff networks:** stronger Inspire leadership, clear objectives, and effective sponsorship
- **Inclusive recruitment:** fairer processes, improved progression pathways, and stronger senior representation
- **Staff development:** targeted programmes, including the Ascend programme and mentoring
- **Data insights:** the People Scorecard and Board oversight to track progress

KEYS & SYMBOLS & DEFINITIONS



Positive trend, evidence of improvement



Negative trend, area for improvement



No significant improvement/deterioration

KEY FINDINGS

Data for indicators 1-3 and 9 are taken from the Employee Staff Record(ESR) Indicators 4 – 8 from National Staff Survey



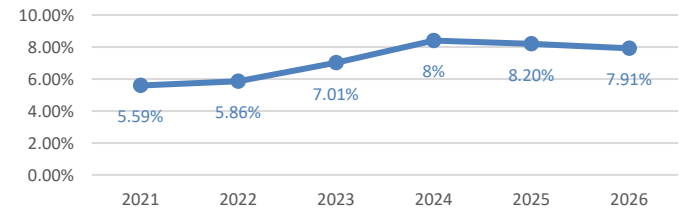
South East Coast
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— BME colleagues — White colleagues *HBA = Harassment, Bullying or Abuse

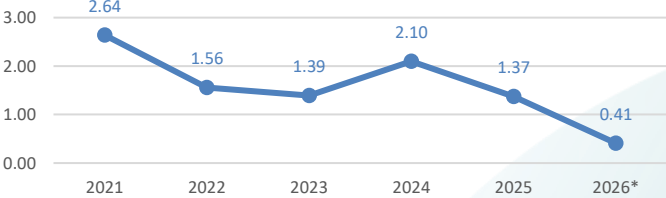
01↔

Workforce representation



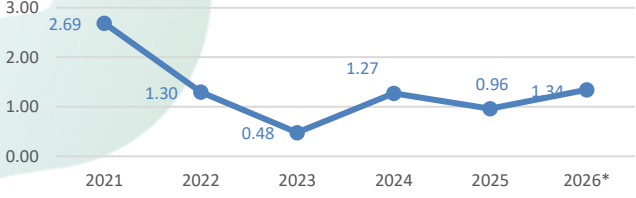
02↓

Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting



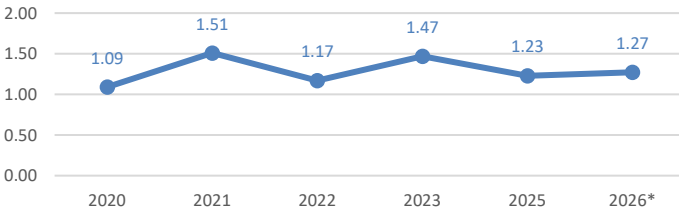
03↑

Relative likelihood of BME staff entering formal disciplinary proceedings compared to White staff



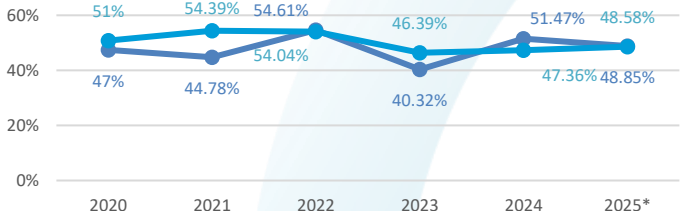
04↔

Relative likelihood of white staff accessing non-mandatory training compared to BME staff



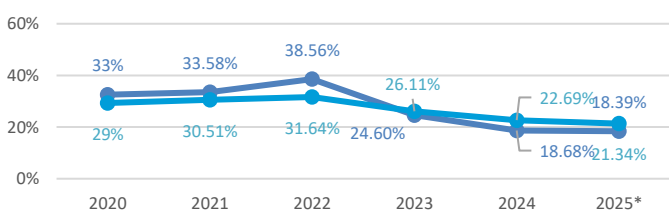
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Percentage of staff experiencing HBA from patients



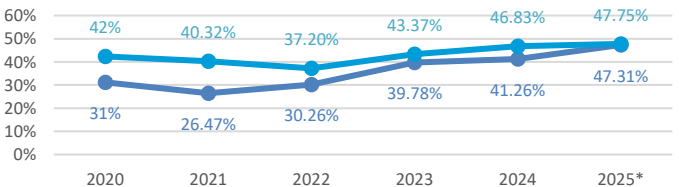
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Percentage of staff experiencing HBA from staff



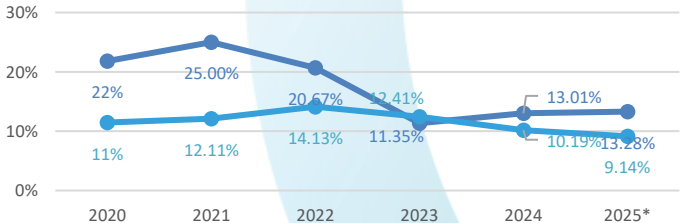
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Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



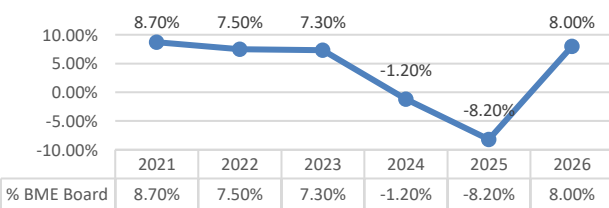
08↔

Percentage of staff experiencing discrimination

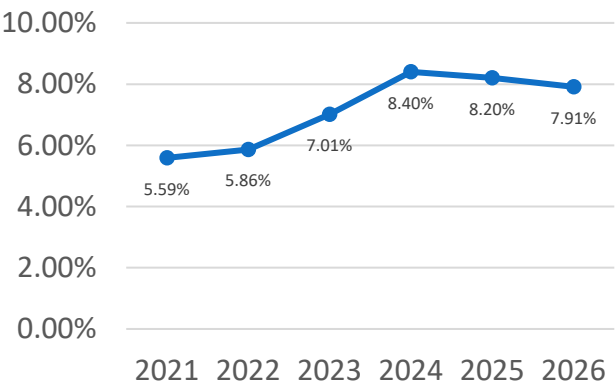


09↑

Board representation

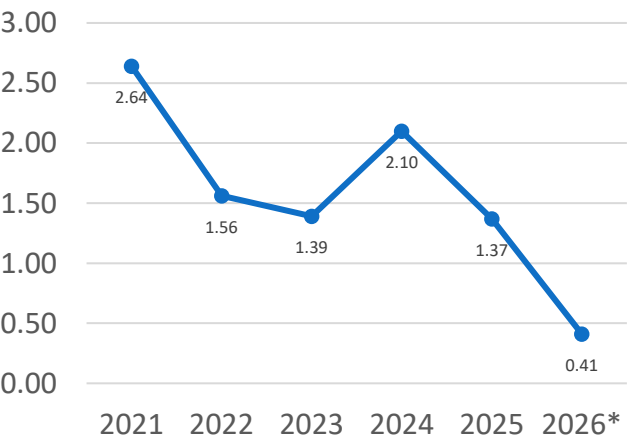


Indicator 1 | Workforce representation



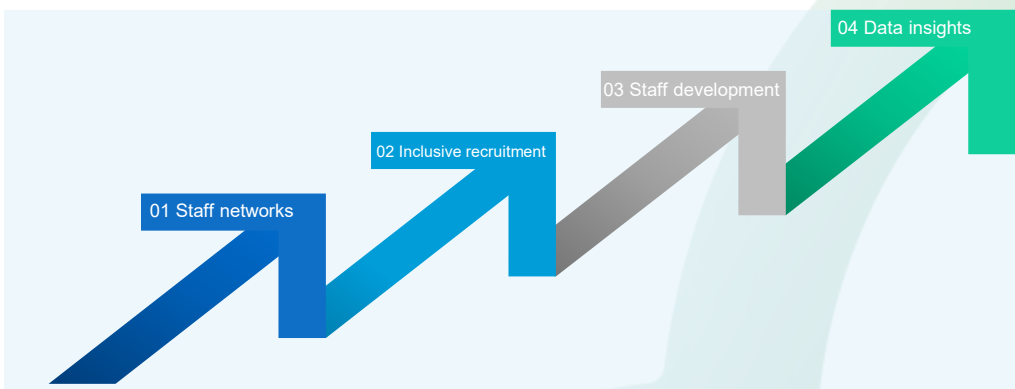
This indicator compares the proportion of BME staff across Agenda for Change (A4C) pay bands with the overall workforce. In 2026, **7.9% of SECamb staff** identified as BME (down from 8.2% in 2025). Representation varies by band, with higher proportion of BME colleagues in Bands 2 – 5 and lower representation at Senior Bands.

Indicator 2 | Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting



This represents a significant improvement, moving from inequity (1.37) to a position beyond parity (0.41), where BME candidates are now more likely to be appointed from shortlisting. This demonstrates strong progress in reducing barriers within recruitment. However, as the ratio is now below 1.00, indicating a shift beyond parity, this will be kept under review to ensure recruitment processes remain consistently fair, balanced and evidence-based for all groups.

*Workforce data from 31 Mar 2026 and Staff Survey results published in 2026 (2025 survey)



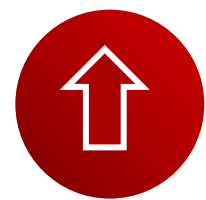
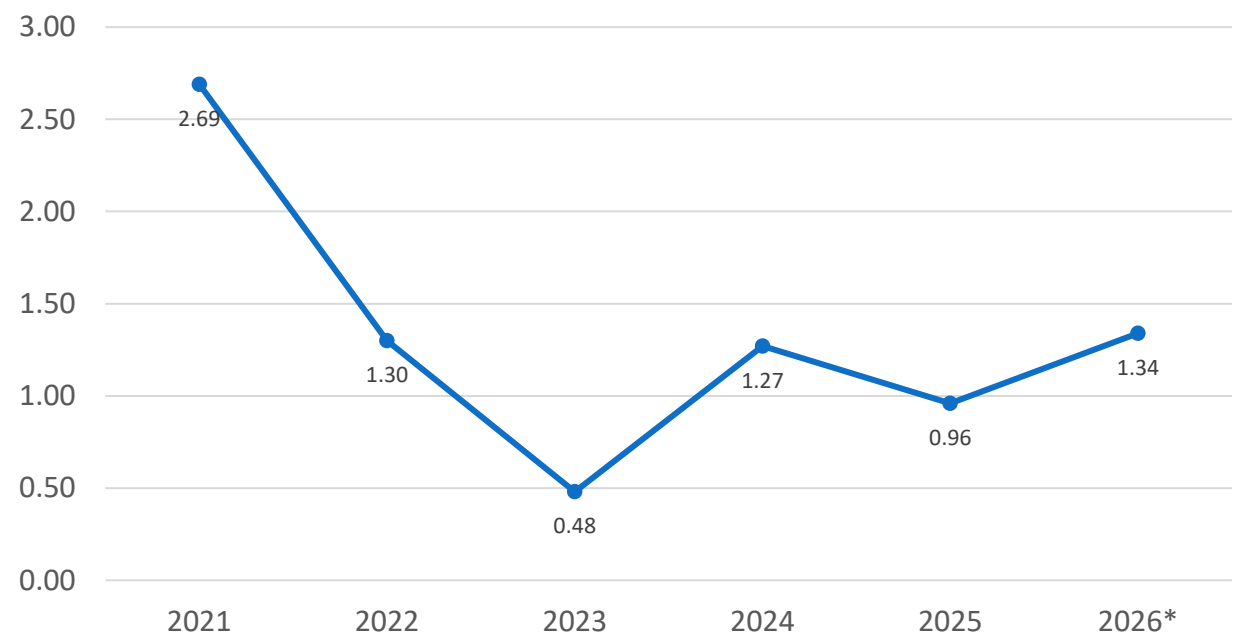
ACHIEVED TO DATE

- Workforce representation has remained broadly stable. The March 2026 Ethnicity Pay Gap Report identified that only 2.1% of colleagues have not declared their ethnicity, with targeted engagement continuing to improve data quality and reporting accuracy.
- Recruitment equity has improved significantly, with appointment ratios now beyond parity and at their most favourable position in the last five years, demonstrating positive progress in reducing barriers within recruitment processes.
- In response to workforce data and colleague feedback, SECamb launched its first Global Majority Nursing and Leadership Event in May 2026. Learning from the event has already informed tangible actions, including the expansion of the ASCEND leadership programme to further support the development and progression of Global Majority colleagues across the Trust.

ACTIVITY PLANNED

- Continue to monitor workforce representation, recruitment outcomes and ethnicity data across Directorates, using insights to inform targeted action where inequalities are identified.
- Continue engagement with Higher Education Institutions and external partners, including Air Ambulance services, to improve diversity within future talent pipelines.
- Deliver targeted outreach and careers engagement events, including a planned careers event in November 2026, to increase awareness of opportunities within SECamb amongst underrepresented communities.
- Launch ASCEND Cohort 5 in October 2026, providing leadership development, mentoring and sponsorship opportunities to support the progression of Global Majority colleagues into leadership roles.
- Roll out Microaggression Awareness Training across the Trust from September 2026 to support inclusive behaviours, increase awareness and strengthen psychological safety for all colleagues.
- Continue delivery of actions arising from the Lord Mann Review, embedding relevant recommendations into the Trust's EDI Plan and strengthening anti-racism leadership, accountability and workforce equality outcomes

Indicator 3 | Relative likelihood of BME staff entering formal disciplinary proceedings compared to White staff



Compares the likelihood of BME staff entering formal disciplinary proceedings compared with White staff. A ratio of 1.0 indicates parity. In 2026 there has been an increase to 1.34 BME colleagues entering formal disciplinaries compared to white colleagues, this is the highest discrepancy since 2021 but is still significantly down on 2021’s figure.

**Workforce data from 31 Mar 2026 and Staff Survey results published in 2026 (2025 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*

ACHIEVED TO DATE

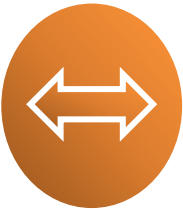
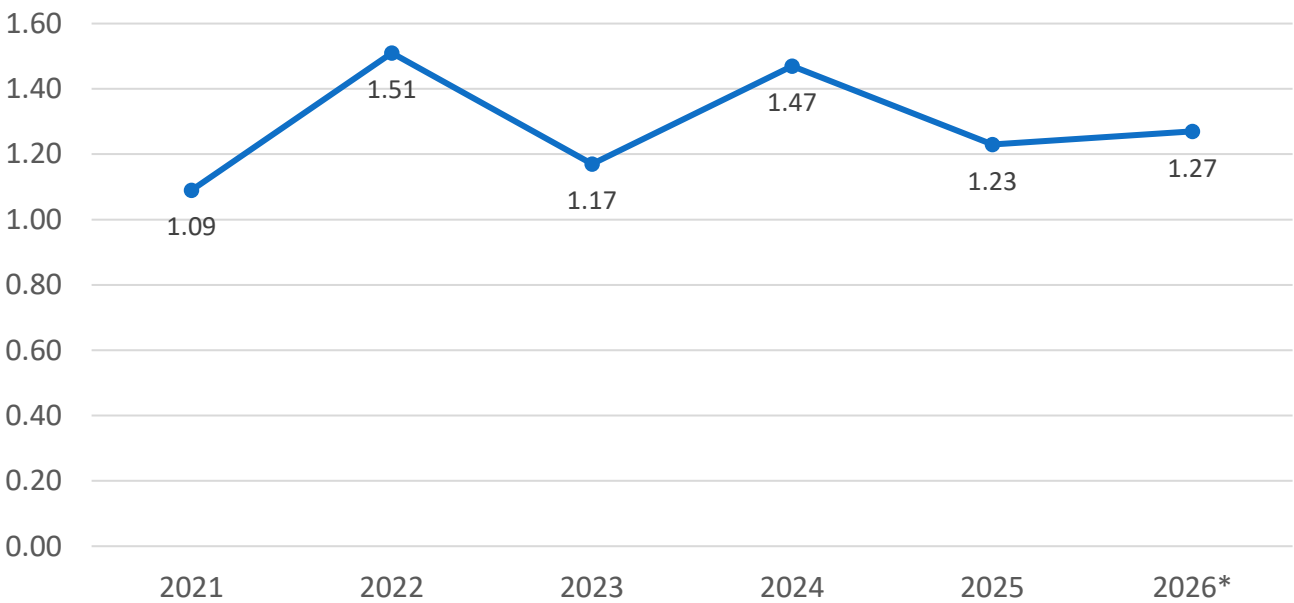
- Early Resolution and Mediation Service embedded across the Trust from February 2026, providing colleagues and managers with greater access to informal resolution and restorative approaches.
- 35 workplace mediation cases have been successfully resolved over the past 12 months, avoiding the need for formal processes and reducing the impact of workplace conflict on those involved.
- Implementation of the Managing Conduct Policy and Resolution Policy in June 2026, strengthening the Trust’s approach to resolving concerns fairly, consistently and at the earliest opportunity.
- Ongoing support and guidance for managers to promote fair, proportionate and consistent people management practices across the organisation.
- Enhanced investigation training for managers to support fair, evidence-based and consistent decision-making, helping to strengthen confidence in formal processes and reduce the disproportionate likelihood of Global Majority colleagues entering disciplinary procedures.

ACTIVITY PLANNED

- Continue to reduce disproportionality through the promotion of early resolution approaches, including mediation and restorative interventions, while strengthening awareness and accessibility of informal resolution pathways for colleagues experiencing workplace conflict.
- Work in partnership with Staff Networks, Strategic People Partners and managers to review workforce trends and colleague experiences, ensuring confidence in the fairness, consistency and transparency of people management processes.
- Provide quarterly assurance reporting to EMB through the EDI Dashboard, monitoring disciplinary outcomes by ethnicity and applying the Lord Mann Review’s “explain or reform” principle to identify, understand and address any persistent disparities.

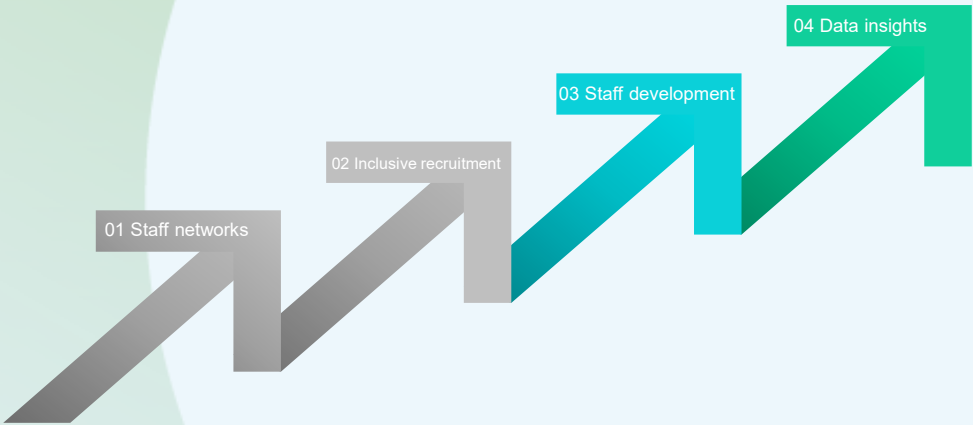


Indicator 4 | Relative likelihood of White staff accessing non-mandatory training compared to BME staff



Measures the relative likelihood of BME staff reporting access to non-mandatory training, learning or CPD compared with White staff. A value of **1.0** = parity. In 2026, White staff were 1.27 times more like than BME staff to access non-mandatory training. This remains broadly consistent with 2025, leaving BME staff at a disadvantage in this metric.

**Workforce data from 31 Mar 2026 and Staff Survey results published in 2026 (2025 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



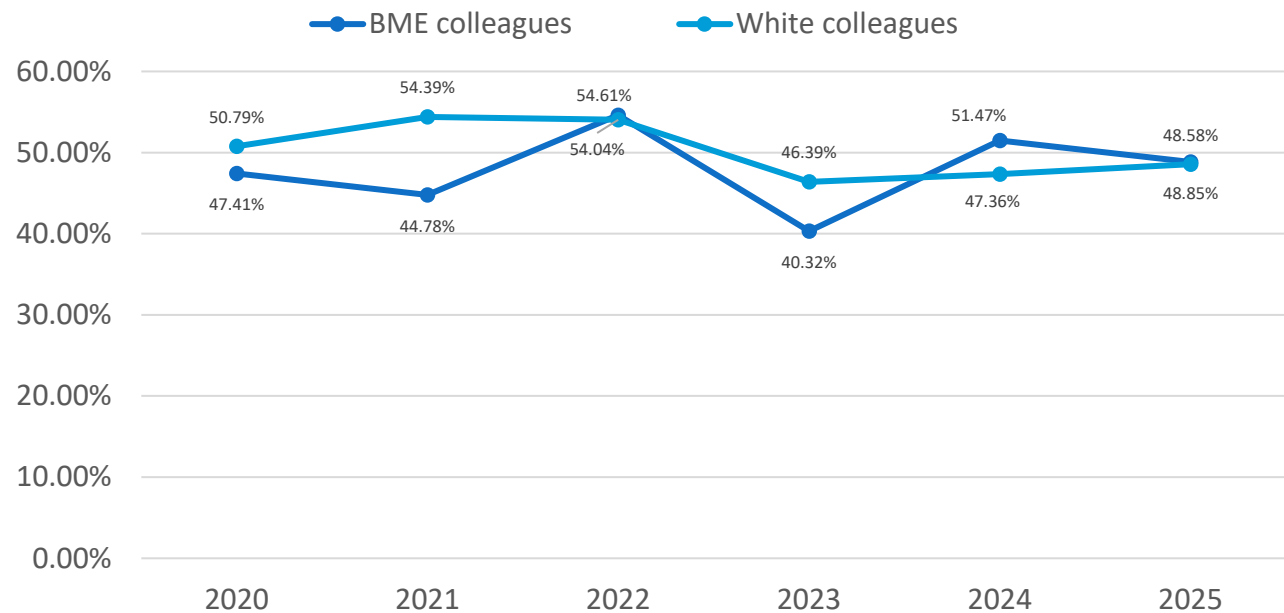
ACHIEVED TO DATE

- Development of Nursing Career Mapping to support the Nursing Blueprint and strengthen career progression opportunities for Global Majority colleagues.
- Successful delivery of ASCEND Cohorts 3 and 4 during 2026, providing targeted leadership development to support the progression, visibility and representation of Global Majority colleagues across the Trust.
- Implementation of a Training and Education Panel, providing greater transparency and support for colleagues accessing development opportunities, including the Training and Education Bursary Scheme.
- Launch of the Trust's Leadership Framework and Development Offer on The Zone, providing colleagues with accessible and inclusive development resources to support career growth, leadership capability and continuous professional development.

ACTIVITY PLANNED

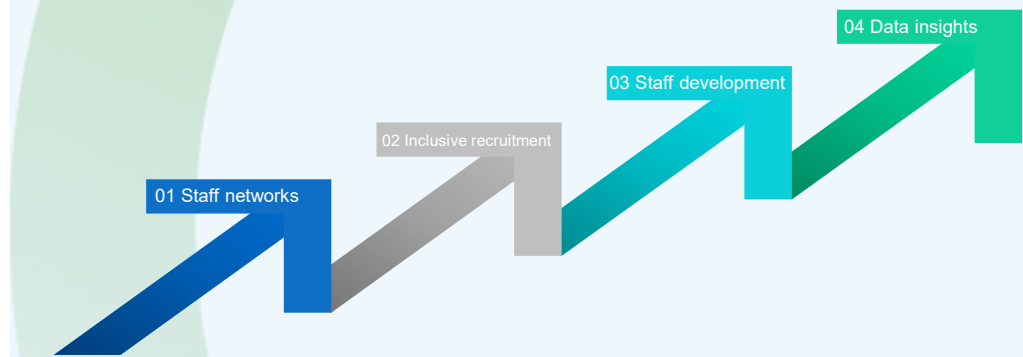
- Launch ASCEND Cohort 5 in October 2026, with all participants matched to a mentor to support their leadership development, career progression and future leadership aspirations.
- Roll out Trust-wide Microaggression Awareness Training from September 2026, reinforcing the Trust's commitment to fostering a respectful, inclusive and psychologically safe working environment for all colleagues.
- Provide development opportunities for EOC colleagues to participate in the preparation and delivery of key skills programmes through their local Operational Units, helping to build capability, confidence and experience in education and workforce development.
- Support colleagues to undertake Level 3 Teaching and Assessing qualifications, increasing access to development opportunities and strengthening the Trust's future educator and assessor workforce.

Indicator 5 | Percentage of staff experiencing harassment, bullying or abuse from patients, service users, their relatives or the public



BME staff: 48.58% reported harassment, bullying or abuse (HBA). White staff: 48.85% reported HBA. There is less than half a percentage point difference between both staff groups, with BME staff incidents declining by almost 3%, and white staff reporting a 1.5 increase.. The data shows a high overall prevalence across both groups (nearly half of staff who completed the survey reported being affected).

**Workforce data from 31 Mar 2026 and Staff Survey results published in 2026 (2025 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



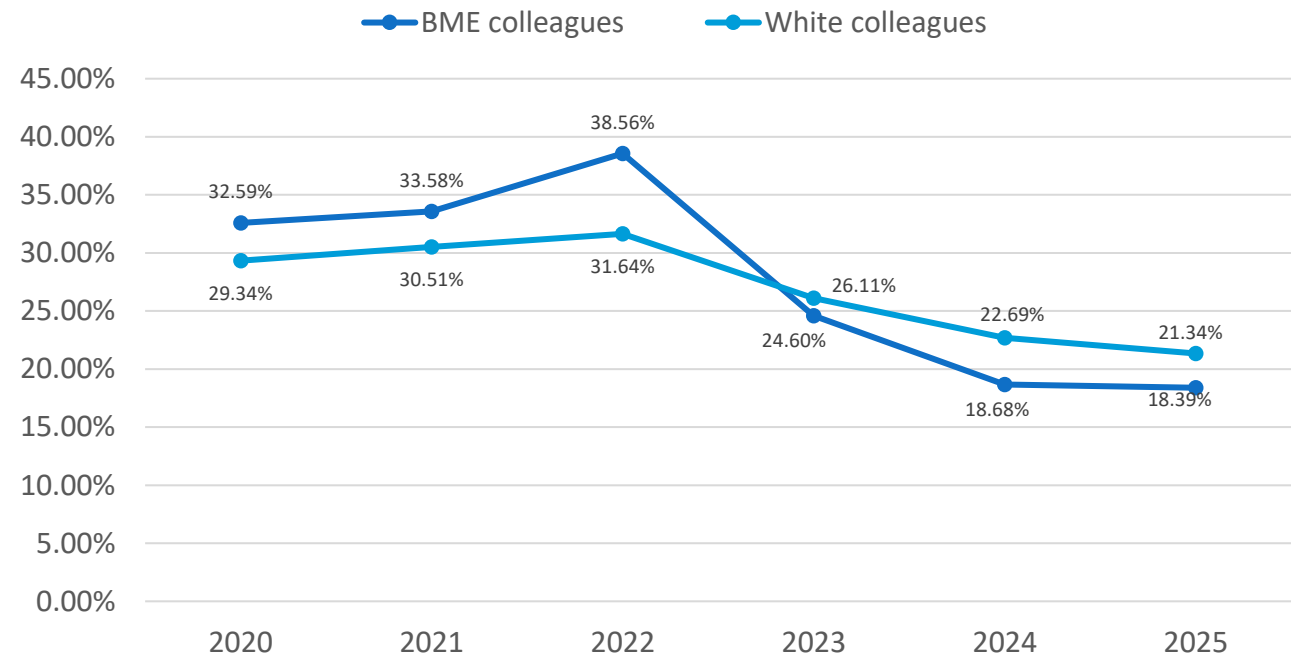
ACHIEVED TO DATE

- Continued expansion of body-worn camera usage and lone-worker safety measures, supporting the Trust's wider approach to reducing workplace conflict, enhancing staff safety and promoting colleague wellbeing.
- Rollout of the lone-worker application across services, alongside a review of history-marking processes, including the implementation of a pilot initiative within Surrey to strengthen risk management and staff protection.
- Engagement with the Shadow Board to help inform and shape the Trust's Violence and Abuse Reduction Programme, ensuring staff perspectives and lived experience are embedded within improvement activity.
- Launch of a targeted violence and abuse reduction initiative in Brighton, using enhanced local intelligence and data analysis to identify risk factors and support preventative interventions.
- 3,578 colleagues have completed Conflict Resolution Training, representing 90.02% compliance, strengthening the Trust's capability to manage challenging situations, reduce conflict and support safer working environments.

ACTIVITY PLANNED

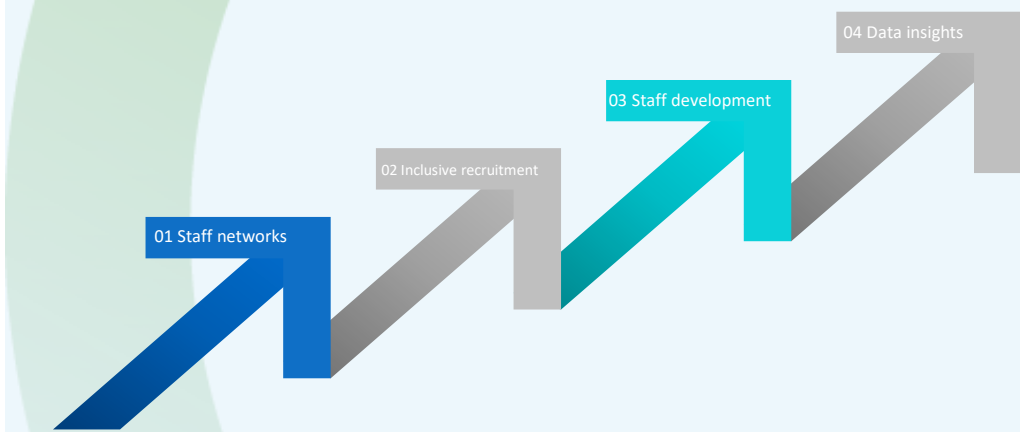
- Continue to analyse violence, aggression and abuse data to identify trends, root causes and opportunities for targeted prevention, early intervention and risk reduction.
- Use insights from data analysis to inform and implement evidence-based actions aimed at reducing incidents, improving staff safety and enhancing colleague wellbeing.
- Evaluate the impact of the Brighton Violence and Abuse Reduction Programme and, where successful outcomes are demonstrated, explore opportunities to replicate effective interventions across other localities.
- Maintain engagement with colleagues, Staff Networks and the Shadow Board to ensure staff voice and lived experience continue to shape the development of violence and abuse reduction initiatives.
- Introduce Action Cards for telephone-based colleagues, providing practical guidance and a consistent approach to responding to, recording and reporting incidents of abuse.

Indicator 6 | Percentage of staff experiencing harassment, bullying or abuse from staff



For the second consecutive year BME colleagues have reported less bullying and harassment than white colleagues, both of these figures have dropped since 2024.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2026 (2025 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



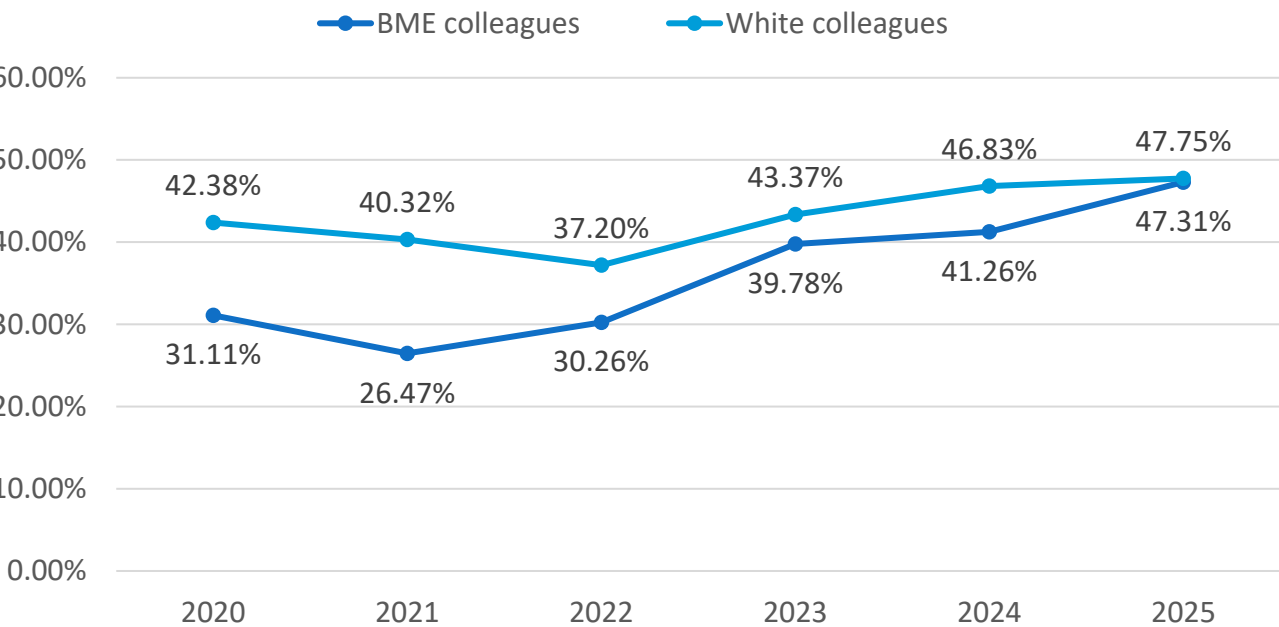
ACHIEVED TO DATE

- Achieved a sustained reduction in reports of harassment from staff since 2022, demonstrating positive progress.
- Continued to strengthen support mechanisms through Staff Networks and Freedom to Speak Up Guardians, providing safe and trusted spaces for colleagues to raise concerns, share experiences and access support.
- Delivered SECamb's first Leadership Conference in October 2025, attended by over 200 leaders and led by Professor Michael West, with a focus on compassionate leadership and creating inclusive workplace cultures.
- Embedded compassionate leadership as a core organisational principle, integrating it throughout leadership development programmes, learning initiatives and corporate communications as a key behavioural expectation aligned to Trust values. Promoted a culture of inclusion, belonging and psychological safety through consistent leadership messaging, development opportunities and colleague engagement activities.
- Introduction of new Resolution Policy in June 26 and updated Sexual Safety Policy

ACTIVITY PLANNED

- Expand compassionate leadership development opportunities to ensure leaders at all levels are equipped to foster inclusive and respectful working environments.
- Continue to strengthen the role of Staff Networks and Freedom to Speak Up Guardians in informing organisational improvement and supporting under-represented colleagues.

Indicator 7 | Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



The positive trend for all colleagues believing the organisation provide equal opportunities continues. Both White & BME colleagues sit at 47% for this metric.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2026 (2025 survey)*



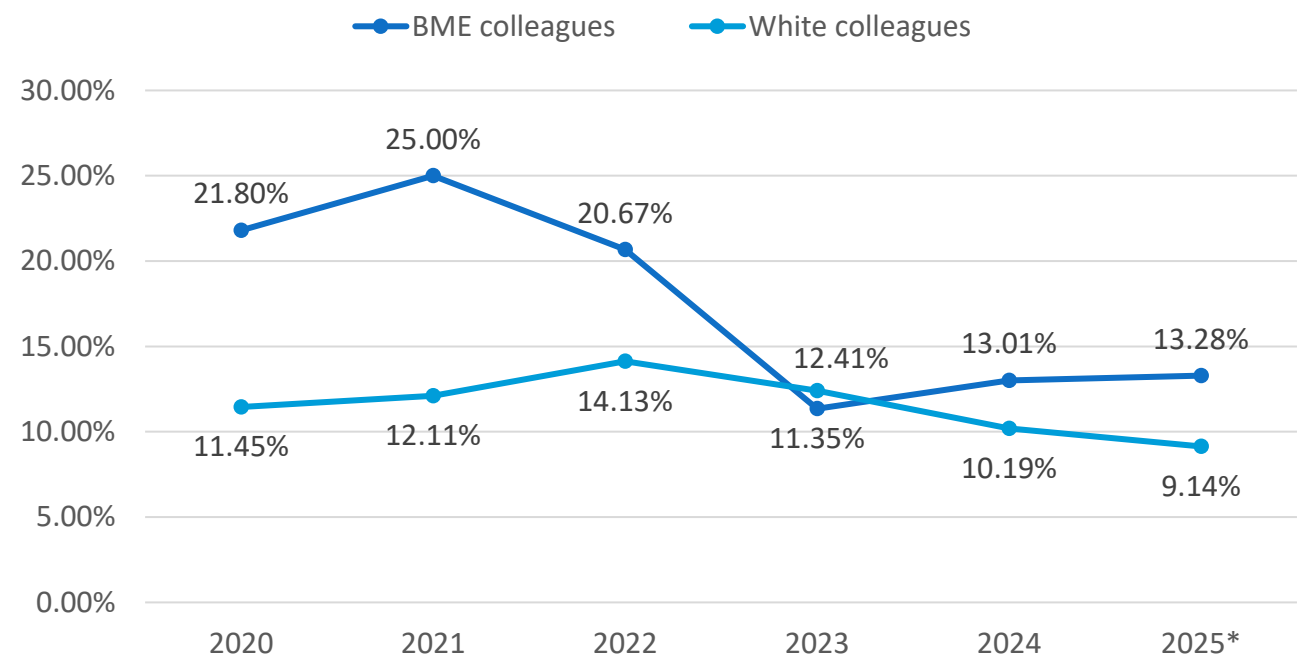
ACHIEVED TO DATE

- Launched and expanded targeted leadership and development programmes, including Springboard, Ascend, Mates to Managers and Aspiring Leaders, creating accessible development opportunities for colleagues from a range of backgrounds and career stages.
- Delivered SECamb's first Leadership Conference, attended by over 200 leaders and focused on compassionate and inclusive leadership, reinforcing the importance of creating equitable opportunities for all colleagues to develop and progress.
- Increased visibility of development opportunities through regular EDI communications, colleague briefings and promotion of learning opportunities across the Trust.

ACTIVITY PLANNED

- Maintain a centrally monitored pool of trained diverse staff for allocation to all Band 7+ recruitment and promotion panels
- Strengthen workforce data analysis to better understand progression outcomes for global majority colleagues and identify opportunities for targeted interventions.
- Embed progression metrics into the EDI data dashboard and monitor across divisions.
- Launch microaggression awareness training from September 2026 to support an inclusive workplace culture where all colleagues feel valued, respected and able to achieve their potential.
- Following on from the Trusts successful Global Majority event , work has commenced to identify career development routes that our GM colleagues in areas that previously may not have been considered such as operations and education .

Indicator 8 | Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues



Whilst a small increase in reported discrimination has been observed during 2026, this sits alongside a reduction in bullying, harassment and abuse from colleagues and a substantial increase in colleague confidence regarding equal opportunities for career progression and promotion. This suggests that actions to improve inclusion, leadership and development opportunities are having a positive impact. However, the Trust recognises that discrimination remains an area requiring focused attention and will continue to work with colleagues, staff networks and leaders to better understand and address the factors contributing to these experiences.

*Staff Survey results published in 2026 (2025 survey)



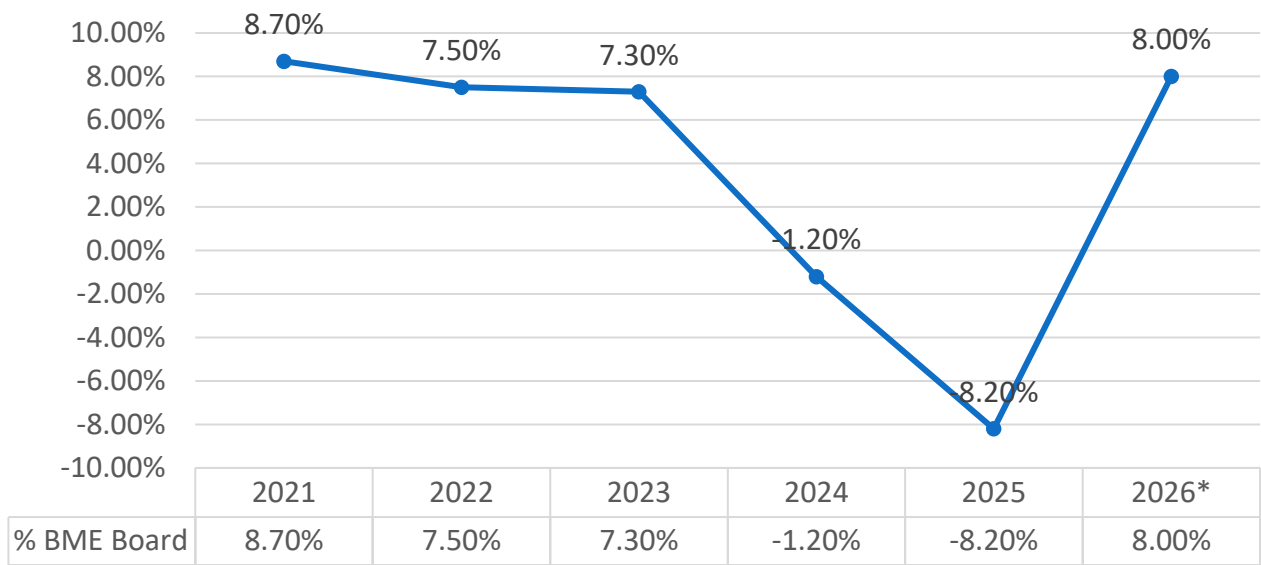
ACHIEVED TO DATE

- Increased colleague confidence in equal opportunities for career progression and promotion from 41.26% in 2025 to 47.75%.in 2026.
- Strengthen escalation and feedback processes to ensure confidence in responses.
- Continued to strengthen EDI governance, WRES reporting and workforce data analysis to identify and address inequalities.

ACTIVITY PLANNED

- Strengthen manager accountability through clearer expectations, training and appraisal measures
- Undertake a deeper analysis of discrimination data to identify themes, hotspots and experiences affecting global majority colleagues.
- Launch Microaggression Awareness Training in September 2026 to increase awareness of behaviours that may contribute to discrimination or exclusion.
- The differing trends across these indicators highlight that experiences of discrimination are often more complex than bullying and harassment alone and may relate to wider perceptions or experiences linked to race, career opportunities, decision-making, inclusion, workplace culture or individual interactions.
- Whilst the increase is relatively small, it demonstrates that further action is required to understand the underlying causes and continue improving the experience of global majority colleagues across the organisation.

Indicator 9 | Board representation



This indicator compares the ethnic diversity of the Trust Board, as declared on ESR (both voting and non-voting members) with the ethnic profile of the overall workforce. It shows whether leadership is proportionate to the staff population.

As of 31 March 2026, 7.9% of the workforce had declared a BME background in ESR, compared with 8% of the Board.

From 2021–2023, Board representation was broadly proportionate to the workforce (around 7–9%), during 2024 and 2025 these figures had dipped, but the most recent data from 2026 shows an increase back up to 8%

*Workforce data (ESR) from 31 Mar 2026



ACHIEVED TO DATE

- All Trust Board Members have EDI Objectives.
- Quarterly reporting of EDI Plan to People and Culture and EMB to strengthen governance and assurance.
- Executive and non-executive sponsors for all staff networks.
- Board development days included lived experience contributions from BME staff.
- Strengthen talent pipeline and succession planning for BME colleagues aspiring to senior leadership.
- 2026 - 7.9% of SECAmbs workforce declared a BME background in ESR compared with 8% of the board demonstrating proportionate leadership to staff population.

ACTIVITY PLANNED

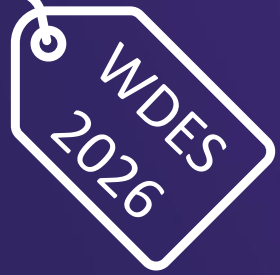
- Launch of reverse mentoring in December 2026 to support and actively sponsored by Executive directors to role model inclusive leadership.
- Continued focus on talent pipelines and succession planning for BME colleagues to aspiring senior leaders, working with Regional Succession Group.

Conclusion and next steps

Focus area	Next steps / activities planned	Linked WRES indicator(s)
1. Staff networks	• Support newly appointed Staff Network Chairs through Radius Training to strengthen confidence in sharing lived experience and influencing organisational change. • Engage with Staff Networks and divisional teams to review disciplinary trends and colleague experiences, ensuring confidence in organisational fairness. • Continue to engage Staff Networks and the Shadow Board in the development and evaluation of violence and abuse reduction initiatives. • Strengthen the role of Staff Networks and Freedom to Speak Up Guardians in supporting under-represented colleagues and informing organisational improvement. • Launch reverse mentoring with Executive sponsorship to strengthen inclusive leadership, understanding of lived experience and cultural competence.	1, 3, 5, 6, 9
2. Inclusive recruitment	• Monitor workforce distribution and recruitment outcomes across directorates and implement targeted actions where disparities are identified. • Continue to strengthen the use of diverse recruitment panels across the Trust. • Increase engagement with Higher Education Institutions and external partners to strengthen diversity within future workforce pipelines, including operational and specialist roles. • Deliver outreach and careers engagement activity to encourage applications from under-represented communities. • Maintain a centrally monitored pool of trained diverse panel members for Band 7+ recruitment and promotion processes.	1, 2, 7

Conclusion and next steps

Focus area	Next steps / activities planned	Linked WDES indicator(s)
3. Staff development	• Launch ASCEND Cohort 5, including mentoring support, to strengthen career development and progression opportunities for Global Majority colleagues. • Launch Trust-wide Microaggression Awareness Training to support a respectful, inclusive and psychologically safe workplace • Continue implementation of early resolution and mediation approaches to support fair and proportionate people management practices. • Extend leadership development opportunities focused on compassionate, inclusive and respectful leadership behaviours. • Provide further opportunities for colleagues to access development pathways, including teaching, assessing and educational delivery programmes. • Identify and promote career development routes into areas such as operations and education following feedback from Global Majority colleagues. • Strengthen manager accountability through training, performance expectations and appraisal measures to support inclusive leadership and reduce discrimination. • Continue talent management, succession planning and leadership pipeline development for Global Majority colleagues aspiring to senior leadership roles. • Continue violence reduction initiatives, including evaluation of the Brighton pilot and implementation of evidence-based interventions to improve staff safety.	1, 3, 4, 5, 6, 7, 8, 9
4. Data insights	• Provide quarterly EDI Dashboard reporting to EMB on disciplinary outcomes by ethnicity, applying the Lord Mann Review "Explain or Reform" principle where disparities persist. • Continue analysis of violence and aggression data to identify trends, root causes and targeted interventions. • Strengthen workforce data analysis to better understand progression outcomes for Global Majority colleagues and inform targeted interventions. • Embed progression metrics within the EDI Dashboard and monitor outcomes across divisions. • Undertake deeper analysis of discrimination data to identify themes, hotspots and experiences affecting Global Majority colleagues. Continue monitoring workforce ethnicity declaration rates to improve data quality and workforce insight. • Implement and monitor delivery of the Trust's EDI Plan through quarterly reporting to EMB and People & Culture Committee, ensuring progress against all WRES indicators is tracked and evaluated.	1, 3, 5, 7, 8, 9



South East Coast
Ambulance Service
NHS Foundation Trust



WORKFORCE DISABILITY EQUALITY STANDARD REPORT 2026

V1 – August 2026



A message from our CEO

I am pleased to introduce this year's Workforce Disability Equality Standard (WDES) report, which provides an important opportunity to reflect on the experiences of disabled colleagues across SECamb and assess the progress we are making towards becoming a truly inclusive employer. WDES remains a vital part of how we understand inequalities, measure improvement and hold ourselves accountable for meaningful action.

This year's report highlights encouraging progress in several areas. The proportion of colleagues declaring a disability has increased to 13.31%, recruitment outcomes continue to improve, and 77% of disabled colleagues now report receiving the reasonable adjustments they need to undertake their role. Confidence in career progression has also improved, reflecting the impact of initiatives such as the Reasonable Adjustments Policy, the £40,000 Reasonable Adjustments Fund, enhanced wellbeing support and the continued contribution of our enABLE Network.

However, the report also highlights areas where further action is required. Disabled colleagues remain more likely to enter formal capability procedures, experience bullying and harassment, and report lower levels of engagement and feeling valued than colleagues without a disability. Representation at senior leadership and Board level also remains below that of our wider workforce. These findings reinforce the importance of our continued focus on staff networks, inclusive recruitment, staff development and the use of data and insight to drive improvement across the Trust.

I would like to thank our disabled colleagues, members of the enABLE Network, managers and partners who continue to share their experiences and help us build a workplace where every colleague feels valued, respected and able to reach their full potential.

Jen Allan

South-East Coast Ambulance NHS Trust



A MESSAGE FROM OUR ENABLE NETWORK

We're proud to share a message from SECamb's enABLE Network.

This year's Workforce Disability Equality Standard (WDES) results show that we are moving in the right direction. More colleagues are declaring disabilities, more people are receiving the reasonable adjustments they need, and we are seeing encouraging improvements in engagement and opportunities for career development.

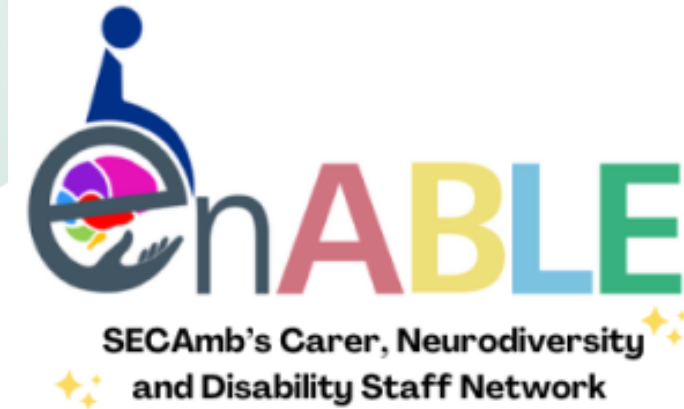
These achievements would not have been possible without the openness of colleagues who have shared their experiences, the commitment of managers and leaders who have listened, and everyone across the Trust who continues to champion inclusion. Thank you to every member of our enABLE Network, our allies, and our partners for your passion, support and dedication. Every conversation, every challenge and every action helps create positive change.

While we should celebrate this progress, we also recognise that there is still more to do. Too many disabled colleagues continue to experience bullying, harassment and discrimination. We remain committed to working with colleagues, leaders and staff side partners to ensure lived experience shapes meaningful improvements and helps create a workplace where everyone feels safe, respected and able to thrive.

Thank you to everyone who continues to support our journey towards a more inclusive SECamb. Together, we can continue building a culture where every colleague feels valued, supported and empowered to be their authentic self.

Mathew Allwright & Silas Vince

Co-Chairs of SECamb's enABLE Network



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INTRODUCTION

The Workforce Disability Equality Standard (WDES) is a mandated, evidence based standard, required for all NHS organisations with over 250 staff. the WDES measures **the workplace experiences of disabled and non-disabled colleagues**. The purpose is to **identify inequalities, monitor progress** and **drive positive change in how organisations support disabled staff**.

WDES provides a year-on-year comparison against previous reporting periods and highlights where progress has been made, where disparities persist, and the actions we are taking through our Trust's EDI Action Plan.

As with previous years, this WDES analysis draws on two core datasets:

- Workforce data extracted from the **Electronic Staff Record (ESR)** as of 31 March 2026, including headcount by disability status, pay band, recruitment and capability processes
- Staff experience data from the **2025 NHS Staff Survey**, published in spring 2026, which captures the lived experiences of staff across areas such as bullying, harassment, discrimination, career progression and reasonable adjustments.

The two data sources together provide a balanced picture of both the structural and cultural aspects of disability equality within SECamb.

Percentages are based on staff self-declaration of disability or long-term health condition. Staff who select “prefer not to say” are excluded from comparative calculations.

The WDES covers ten indicators, grouped into three broad areas:

- **Workforce composition and processes:** representation by pay band, recruitment, and capability outcomes
- **Staff experience:** perceptions of bullying/harassment, discrimination, career progression, presenteeism, feeling valued, reasonable adjustments and staff engagement
- **Leadership:** representation at Board level

WDES is integrated into SECamb’s wider EDI plan, aligned to the EDI four focus areas:

- **Staff networks:** stronger enABLE leadership, clear objectives, and effective sponsorship
- **Inclusive recruitment:** fairer processes, improved progression pathways, and stronger senior representation
- **Staff development:** targeted programmes, including mentoring
- **Data insights:** the People Scorecard and Board oversight to track progress

KEYS & SYMBOLS & DEFINITIONS

 Positive trend, evidence of improvement

 Negative trend, area for improvement

 No significant improvement/deterioration

KEY FINDINGS

Data for indicators 1-3 and 10 are taken from the Employee Staff Record (ESR) and indicators 4 – 9 from National Staff Survey

Colleagues with a disability Colleagues with no disability Overall organisation *HBA = Harassment, Bullying or Abuse

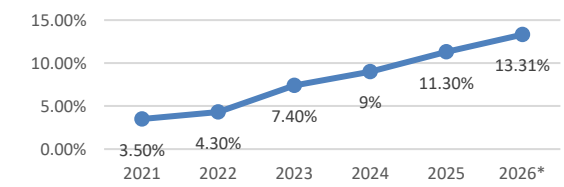


South East Coast
Ambulance Service
NHS Foundation Trust



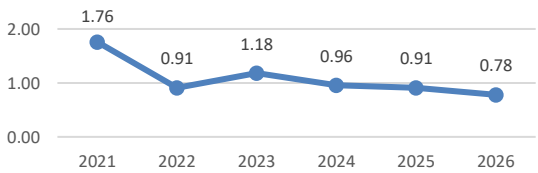
01↑

Workforce representation



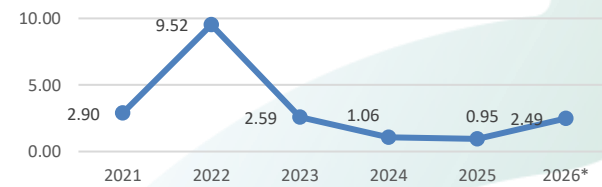
02↓

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting



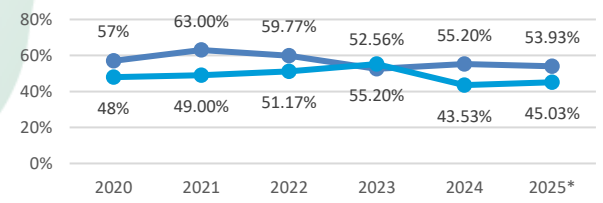
03↑

Relative likelihood of disabled staff entering formal capability proceedings compared to non-disabled staff



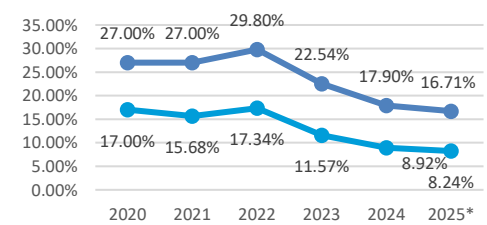
04A↓

HBA* from public/patients



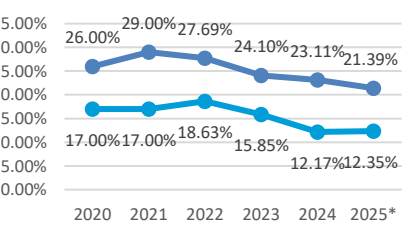
04B↓

HBA from managers



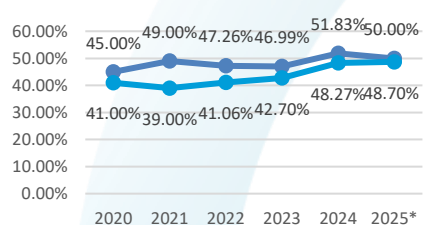
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HBA from colleagues



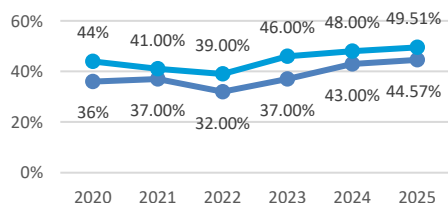
04D↔

Reporting HBA



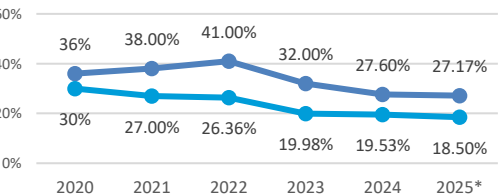
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Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



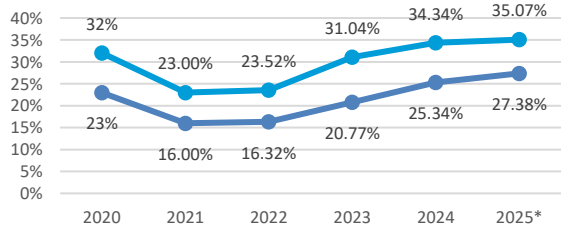
06↓

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



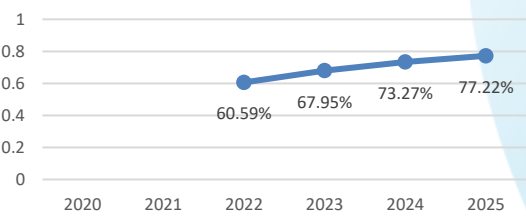
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Percentage of staff satisfied with the extent to which their organisation values their work



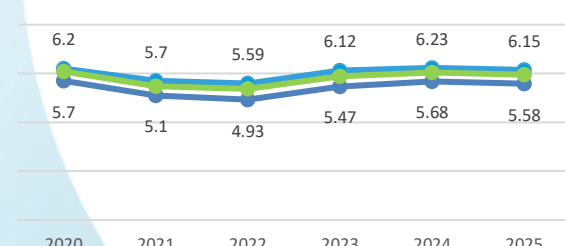
08↑

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out their work



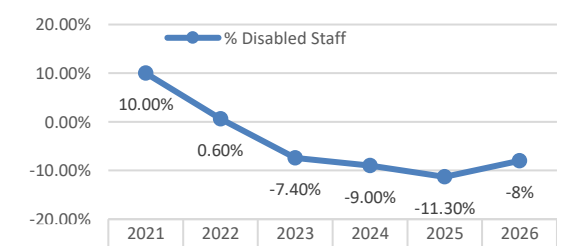
09↔

Staff engagement

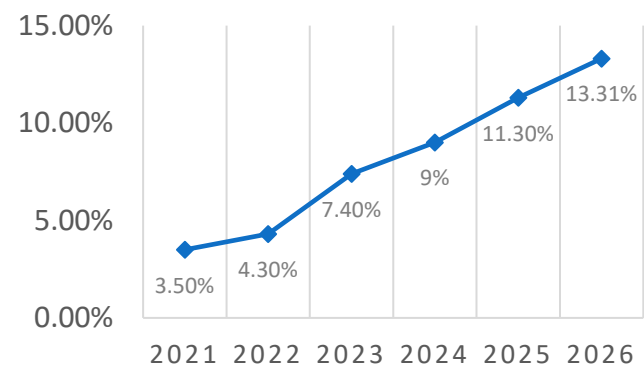


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Board representation

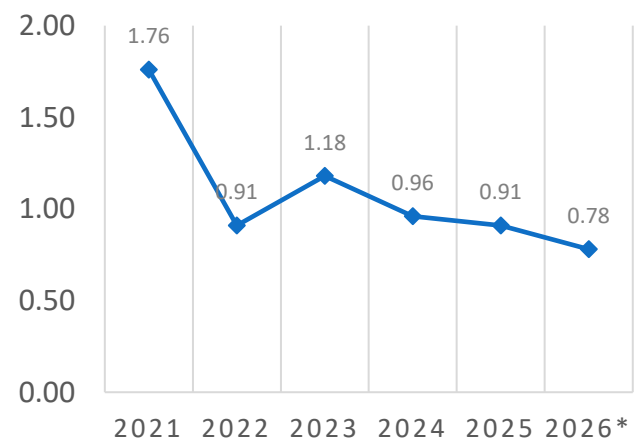


Indicator 1 | Disabled Staff Representation



Percentage of disabled staff in the last year, according to ESR declarations, has increased to 13.31% from 11.30% the previous year. This positive trend suggests greater disclosure confidence and/or improved recruitment and retention. Disclosure rates are also decreasing, with non-disclosure rates in 2025 being 3.8%.

Indicator 2 | Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts



This represents a further improvement, moving from beyond parity (0.91) in 2025 to (0.78) in 2026 where disabled candidates are now more likely to be appointed from shortlisting. This demonstrates good progress in reducing barriers within recruitment. However, as the ratio is now below 1.00, indicating a shift beyond parity, this will be kept under review to ensure recruitment processes remain consistently fair, balanced and evidence-based for all groups.



ACHIEVED TO DATE

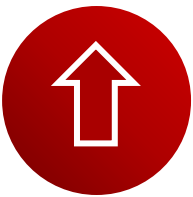
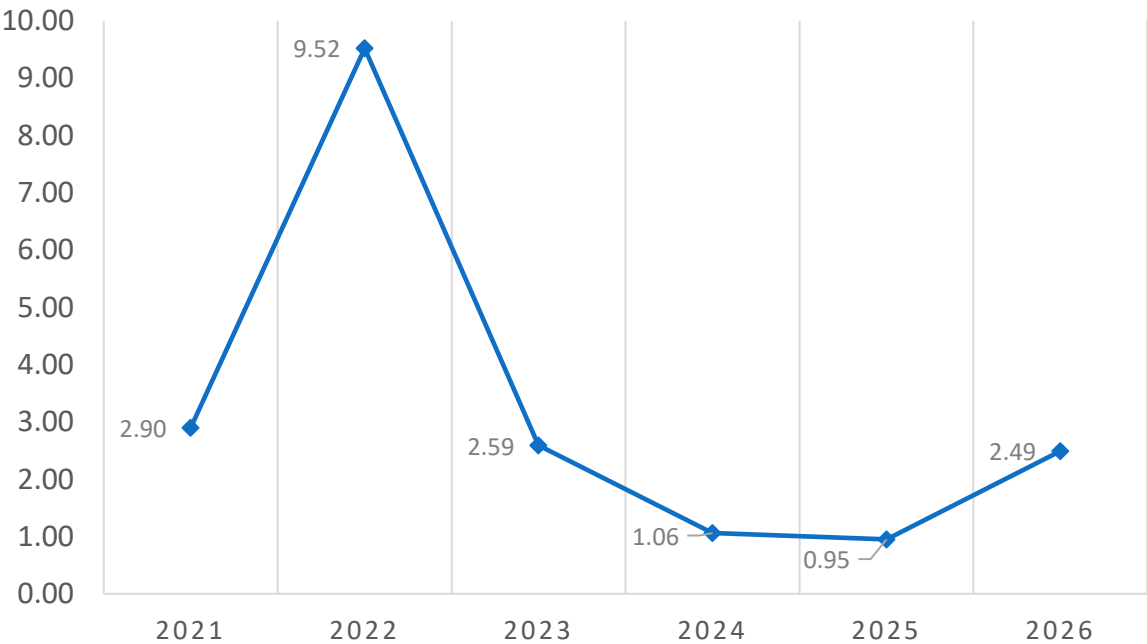
- Disabled colleagues are now more likely to be appointed as non-disabled peers, a 10% increase in staff representation since 2021
- The Trust continues to maintain Disability Confident Level 1, which means SECamb has pledged inclusive practices, including guaranteed interviews for eligible disabled applicants and tailored support for employees with disabilities
- Reasonable Adjustment Policy was launched in December 2025 – Staff Survey Results show us that 72% of staff with long term conditions felt supported compared to 68.6% for the sector .
- The enABLE network and Board development days have strengthened EDI awareness and engagement
- Line Managers have received training on implementing Reasonable Adjustments to support colleagues from underrepresented groups.
- Equality Impact Assessment (EIA) completion rates have improved, supporting more inclusive decision-making. Staff Network Representatives have also completed NHS England training to strengthen their understanding of equality impacts and enable them to effectively support colleagues and contribute to the review of new policies, procedures and organisational changes.

ACTIVITY PLANNED

- To secure Disability Confident Level 2 by December 2026
- Continue to reduce non-disclosure rates through awareness campaigns and staff network engagement, last years interventions demonstrated a 2% increase in declarations from 2025.
- Continue to strengthened training for recruiting managers across divisions to include assessing candidates with declared disabilities
- Continue Reasonable Adjustments monthly drop-in sessions to support managers.
- Attend outreach career fair events in November 2026 to promote opportunities to local communities
- Strengthen relationships with local Job Centers and Training Providers such as The Kings Trust to increase access to diverse talent pools and increase engagement with underrepresented groups.

*Workforce data (ESR) from 31 Mar 2026

Indicator 3 | Relative likelihood of disabled staff entering formal capability proceedings compared to non-disabled staff



This indicator measures the relative likelihood of disabled staff entering formal capability procedures (excluding ill-health) compared to non-disabled staff. There has been a significant increase in this metric between 2025 and 2026, increasing from 0.95 (near parity) to 2.49.

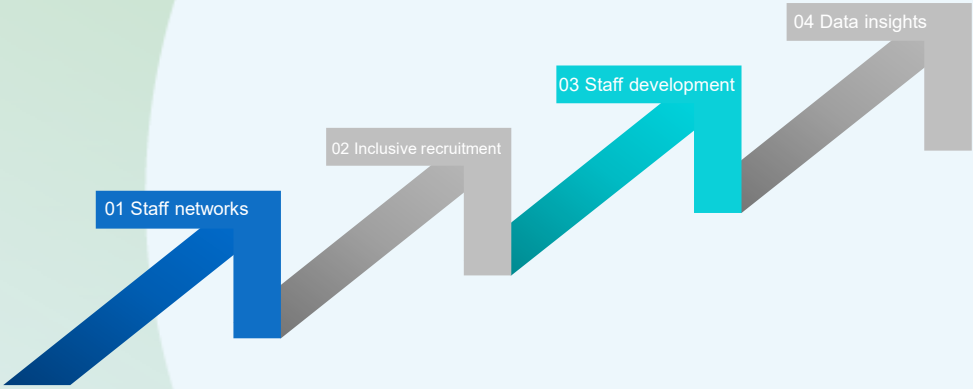
**Workforce data from 31 Mar 2026
A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*

ACHIEVED TO DATE

- Preventative support being used more proactively, e.g. improved reasonable adjustments process.
- Enhanced support mechanism for colleagues through the Neurodiversity café, run by the Enable network.
- Launched the new Wellbeing and Attendance at work in May 2026 with the inclusion of disability leave and amended, with a greater emphasis on individual reasonable adjustments
- Designed toolkits and supporting documents for Managers on the new Wellbeing and Attendance at work Policy with workshops delivered to Managers across the Trust.

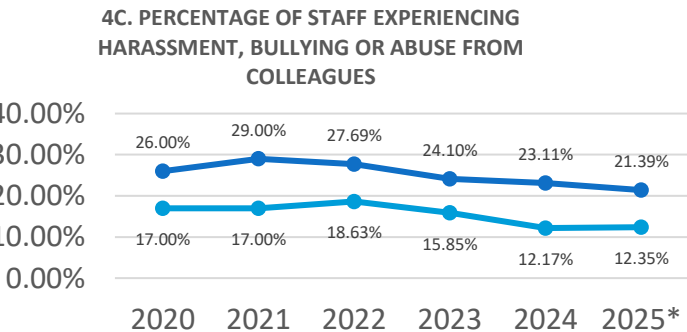
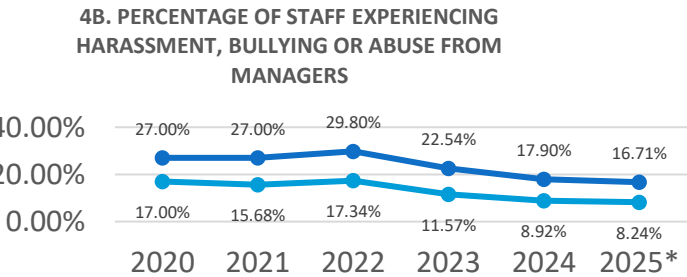
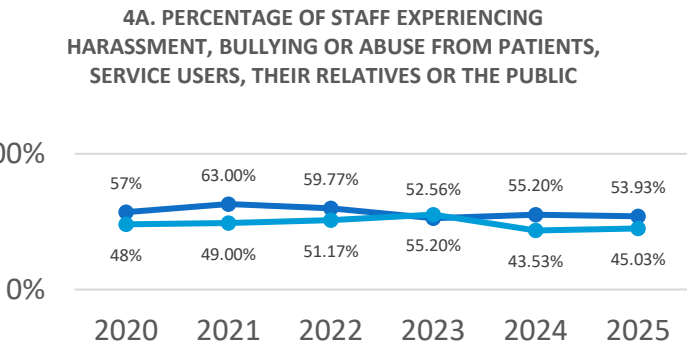
ACTIVITY PLANNED

- Continue to raise awareness of disabilities and long-term health conditions through staff network activities, divisional engagement and manager development sessions.
- Undertake a detailed review of all formal capability cases involving disabled colleagues to identify themes, contributory factors and opportunities for earlier intervention.
- Strengthen manager capability through training and guidance on the Wellbeing and Attendance at Work Policy, reasonable adjustments and disability inclusion.
- Continue to promote and embed early support mechanisms, including Occupational Health, Workplace Adjustments, HR advice and wellbeing services, to reduce the likelihood of issues escalating into formal capability proceedings.
- Work in partnership with the Enable Network and disabled colleagues to understand lived experiences and identify barriers contributing to the disparity.
- Monitor capability outcomes by disability status on a quarterly basis to identify trends and evaluate the impact of improvement actions.
- Report disability-related capability data and associated actions quarterly to the Executive Management Board (EMB), applying an "explain or reform" approach where disparities persist.
- Include disability capability metrics within the Trust's EDI Dashboard to strengthen oversight, accountability and organisational learning.



Indicators 4A – 4C | Harassment, Bullying or Abuse (HBA)

Colleagues with a disability Colleagues with no disability



*Staff Survey results published in 2026 (2025 survey)

Reduction in HBA from patients for both colleagues with and without disabilities. Decline in rates indicates positive cultural shifts and better staff experience. Colleagues with no disability have seen a slight increase in HBA since 2024, and colleagues with a disability have seen a slight reduction.

This indicator reflects workplace culture, management accountability and leadership behaviours. Disabled staff reporting bullying or harassment has significantly reduced from 30% in 2022 to 8.24% in 2024, however the data (see 4D) also shows that more colleagues with a disability are reporting HBA than those without .

This indicator highlights peer-to-peer culture and inclusivity within teams. Slight reduction since 2020, but disabled staff still report higher rates than peers. Steady decline indicates improved relationships and inclusive team dynamics, but still much work to be done.

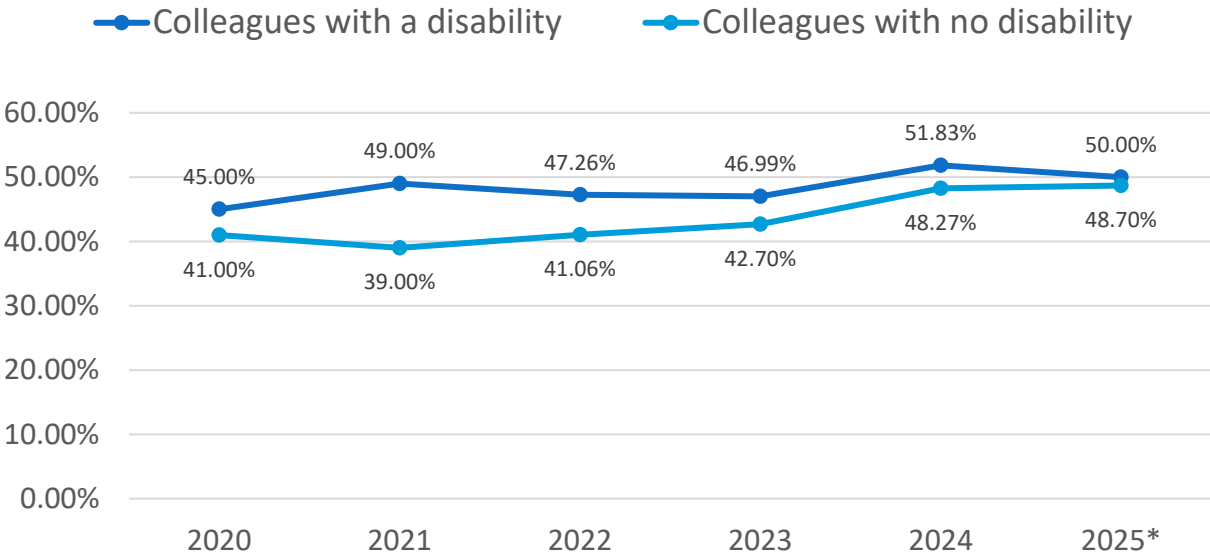


- Continued increased use of body-worn cameras as part of our violence reduction initiatives.
- Leadership development programmes have continued to promote inclusive and compassionate leadership, including SECamb's first Leadership Conference in October 2025, where Professor Michael West engaged with over 200 leaders on the principles and practice of compassionate leadership.
- Action Cards were introduced for telephone-based staff to support the management and reporting of abuse, harassment and bullying, helping to improve staff safety and reduce the impact of unacceptable behaviour.
- Launched Brighton's targeted violence and abuse programme using enhanced local data and intelligence to reduce BHA from patients.
- Continued collaboration with 'Operation Cavell', a joint workstream with Police, NHS Trusts and the Crown Prosecution Service tackling violence and aggression against staff.
- Conflict Resolution Training remains a key component of staff development, with compliance reaching 90.02% in July 2026. The training equips staff with de-escalation, breakaway and clinical restraint skills to support safer management of challenging behaviours and improve staff wellbeing and safety.

ACTIVITY PLANNED

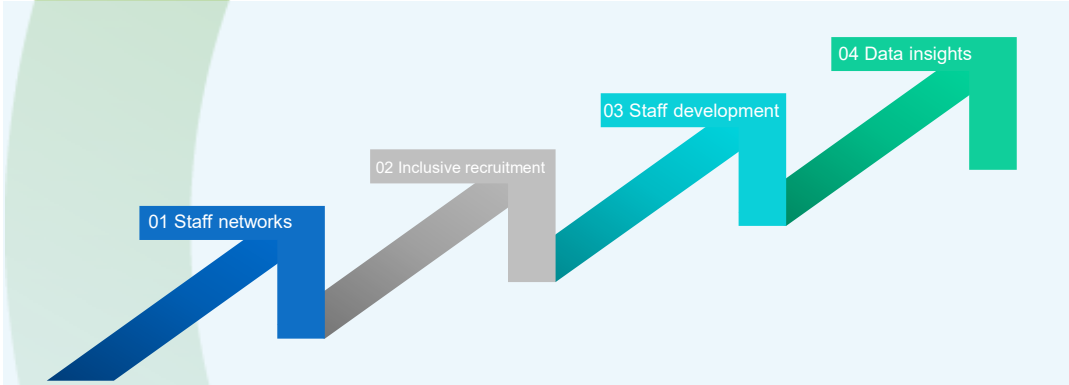
- Continue to maintain focus on violence reduction initiatives and further embed inclusive and compassionate leadership training by refreshing the Trust's Leadership Framework and ensuring divisional teams have access to inclusive leadership development opportunities.
- Launch the revised Freedom to Speak Up Policy, strengthening organisational commitment to psychological safety and learning from concerns.
- Improve communication of learning and organisational improvements resulting from concerns raised through Freedom to Speak Up and other staff voice mechanisms.
- Continued collaboration between FTSU and Staff networks to bridge the gap for communities who are less likely to speak up
- Review existing wellbeing services to ensure they are accessible and meet the needs of disabled colleagues

Indicator 4D | Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Increase in reporting reflects growing confidence in internal processes and support systems, suggesting enhanced awareness and trust in organisational response. However, with over half of those who responded to the survey indicating that they did not report incidents, there is still more work to do.

*Staff Survey results published in 2026 (2025 survey)



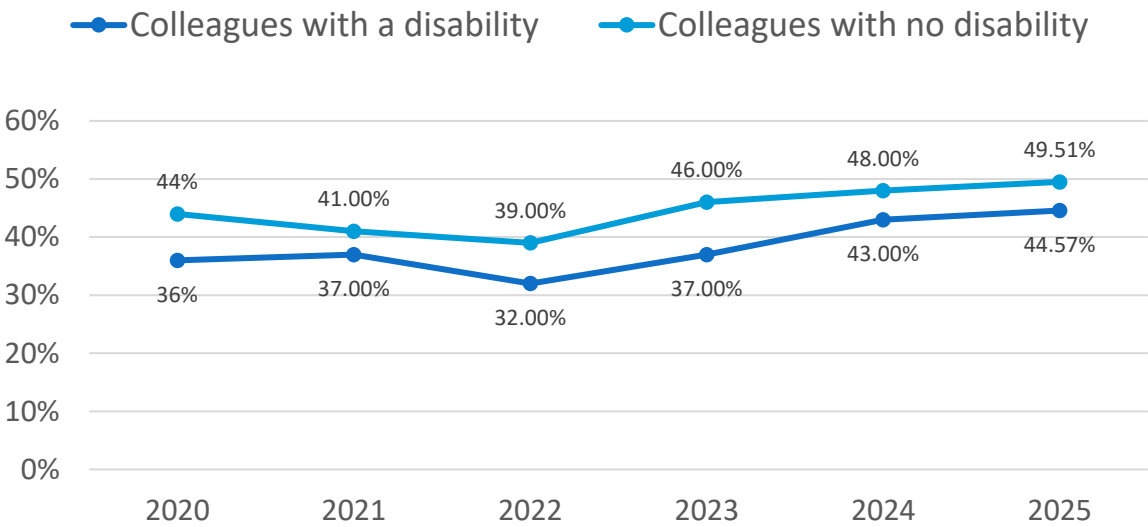
ACHIEVED TO DATE

- Speak Up awareness has continued to expand through engagement with operational teams, leadership forums, staff networks and divisional meetings, increasing understanding of how to raise concerns safely through a number of reporting routes including FTSU.
- Freedom to Speak Up and sexual safety workshops delivered to second and third-year university students, increasing awareness of professional responsibilities and the support available within SECamb.
- Introduction to Freedom to Speak Up and Sexual Safety provided to Year 1 college students, ensuring early awareness of all reporting routes, available support and expectations around workplace behaviours.
- Speaking Up Champions have been recruited and embedded across the Trust to improve local visibility, signposting and support.
- Continued use of speaking up intelligence to identify organisational themes and inform improvement activity through Executive reporting and governance groups.
- The Freedom to Speak Up dashboard provides regular thematic reporting, enabling trends to be identified, monitored and escalated through governance processes where appropriate.
- Introduction of Resolution Policy June 2026

ACTIVITY PLANNED

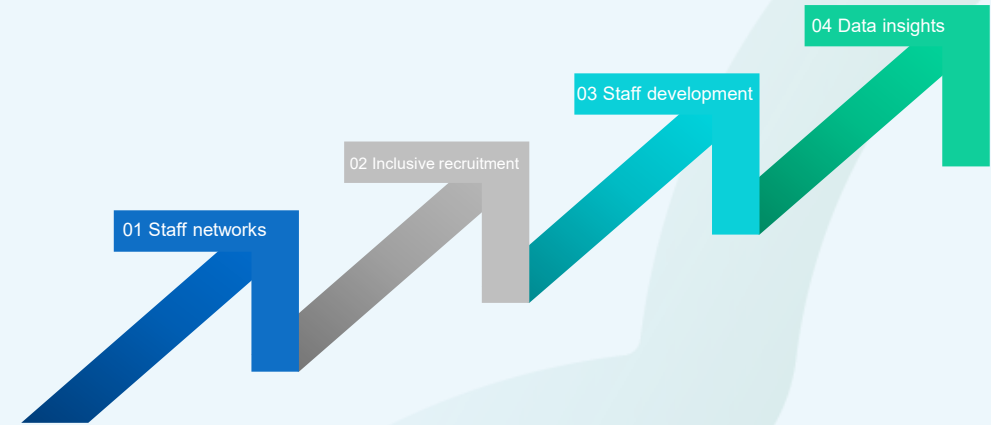
- Expand awareness of informal and formal support options through trust-wide communications and engagement.
- Relaunch of updated Sexual Safety Policy in 2026
- Strengthen the use of worker voice intelligence by integrating Freedom to Speak Up, Staff Survey, Staff Network and EDI data to identify themes, inform organisational learning and drive preventative action.via EDI dashboard and escalate longstanding issues with senior leaders as appropriate
- Track trends via EDI dashboard and escalate longstanding issues with senior leaders as appropriate

Indicator 5 | Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



This indicator reflects increased confidence in equal opportunities, with steady progression. Both groups have experienced improvements since 2020 and the gap between groups has reduced. However, with less than half of the staff that completed the survey indicating that they believe the organisation provides equal career progression there is still more work to do.

**Staff Survey results published in 2026 (2025 survey)*



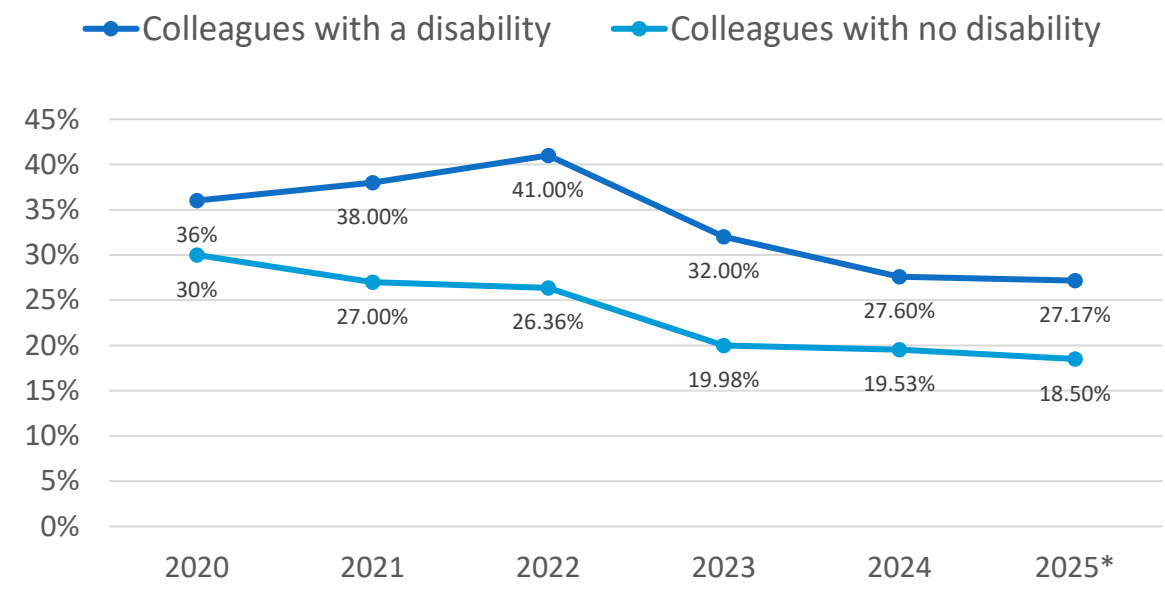
ACHIEVED TO DATE

- Successfully delivered targeted development programmes including ASCEND, Springboard, Aspiring Leaders and Mates to Managers, increasing access to career development opportunities across the Trust.
- Increased visibility of learning and development opportunities through the Leadership Framework and development resources available on The Zone.
- Continued support through the Enable Network, providing peer support, networking opportunities and lived-experience informed feedback on career progression barriers.
- Continued investment in workplace adjustments through the £40k Reasonable Adjustments Fund, supporting disabled colleagues to access development and progression opportunities.
- Improved access to development funding through the Training and Education Panel and bursary application process.

ACTIVITY PLANNED

- Monitor progression data by disability status through the EDI dashboard and divisional reporting.
- Obtain Disability Confidence Level 2 Status by December 2026.
- Launch Cohort 2 of the Reverse Mentoring Programme in December 2026, expanding opportunities for colleagues with disabilities to act as reverse mentors, influencing leadership practice, increasing disability awareness, and supporting a more inclusive workplace culture.
- Continue development of reasonable adjustment by design rather than exception. Lean into staff networks to continuously improve the experience of our people.
- Report disability-related progression data, promotion outcomes and capability metrics to EMB through the EDI Dashboard, ensuring any disparities are reviewed and acted upon.

Indicator 6 | Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



This indicator measures the percentage of staff who feel pressured from their manager to attend work despite not feeling well enough. It reflects improved organisational culture and wellbeing. Disabled staff reporting pressure to come to work declined from 41% in 2021 to 27.2% in 2024 which is positive, but there is still much work to do to support staff wellbeing.

**Staff Survey results published in 2026 (2025 survey)*



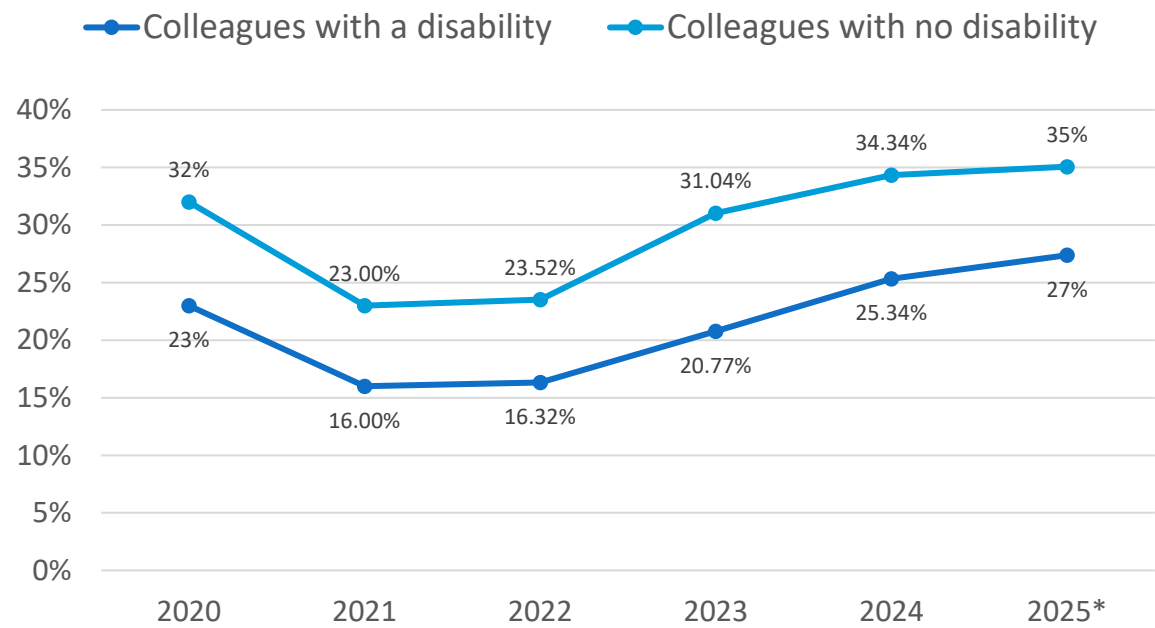
ACHIEVED TO DATE

- Commenced transformation of Wellbeing Services and launched the tendering process for a new Employee Assistance Programme.
- New physiotherapy service launched, reducing waiting times for staff requiring physiotherapy support.
- Introduction of the revised Wellbeing and Attendance at Work Policy in May 2026, including disability leave provisions and greater emphasis on reasonable adjustments.
- Return to Work guidance for managers and supporting toolkits refreshed in June 2026.
- Continued investment in the Trust's £40k Reasonable Adjustments Fund, supporting managers and colleagues to implement workplace adjustments at an earlier stage.
- Monthly Reasonable Adjustments Clinics established to support managers in identifying and implementing appropriate workplace support.
- Enhanced support available through the Enable Network, including the Neurodiversity Café and peer support opportunities for colleagues.

ACTIVITY PLANNED

- Complete the Wellbeing Transformation Programme, ensuring services are accessible, responsive and aligned to colleague needs.
- Work collaboratively with the Enable Network to understand lived experiences and co-design improvements to colleague wellbeing support.
- Undertake further analysis of survey responses to understand why disabled colleagues remain more likely than non-disabled colleagues to report pressure to attend work when unwell and develop targeted actions in response.

Indicator 7 | Percentage of staff satisfied with the extent to which their organisation values their work



Improvement in feeling valued from colleagues with a disability reflects positive cultural change, though scores remain lower overall and compared to those without disability. Despite improvement, satisfaction levels still remain low, suggesting further work is needed to embed recognition and appreciation across teams.

*Staff Survey results published in 2026 (2025 survey)

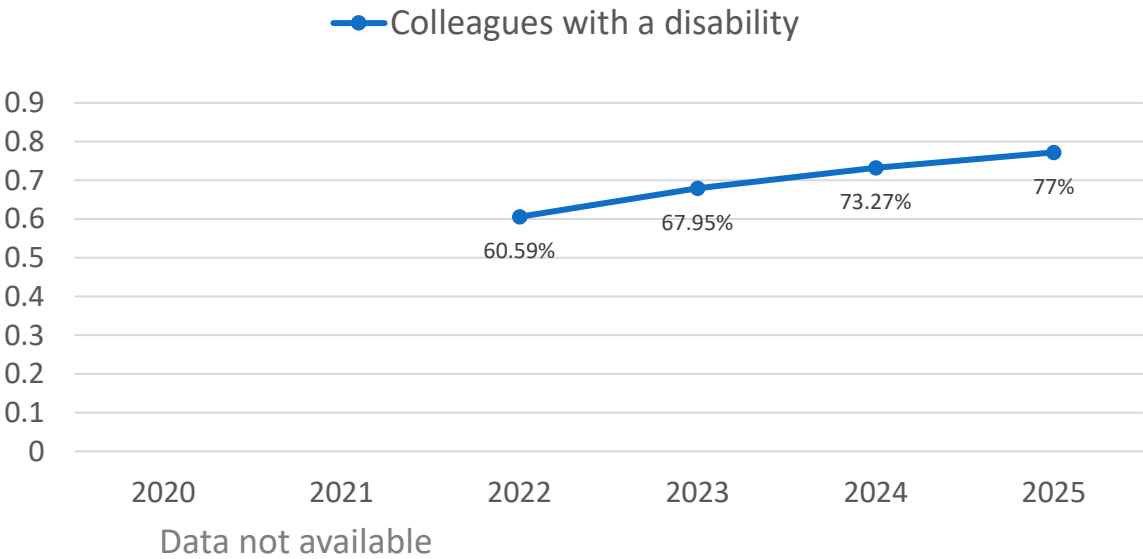
ACHIEVED TO DATE

- Recognition initiatives for all staff have continued to expand across the Trust, with improved inclusion of diverse staff experiences and contributions.
- The Shadow Board has gone from strength to strength, increasing its influence in organisational decision-making through the production of a paper for the Trust Board, attendance at Committee meetings, participation in recruitment panels for the new Chair and Chief Executive and showcasing its work at the ALF 2026 conference.
- Staff networks continue to be recognised as important vehicles for staff voice, influence and contribution, with a dedicated Communications Officer assigned to each network to strengthen engagement, communication and visibility across the Trust.
- Star of the Month continues to recognise and celebrate colleagues who demonstrate the Trust's values and make a positive difference to patients, colleagues and services.

ACTIVITY PLANNED

- Continue to develop the Shadow Board's contribution by introducing a new cohort ensuring diverse staff voices influence strategic priorities.
- Further embed the Engagement Framework across all divisions and staff groups to strengthen involvement in organisational decision-making.
- Divisional Directors are increasing their visibility across the Trust through regular engagement opportunities, enabling colleagues to connect directly with leaders, share feedback and contribute to local decision-making.

Indicator 8 | Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustments to enable them to carry out their work



This indicator measures the percentage of disabled staff who state their employer has made reasonable adjustments to enable them to carry out their work and reflects compliance with equality legislation. This indicator started being tracked through the National Staff Survey in 2022 and is already showing significant and consistent improvement with an upward trajectory.

**Staff Survey results published in 2026 (2025 survey)*



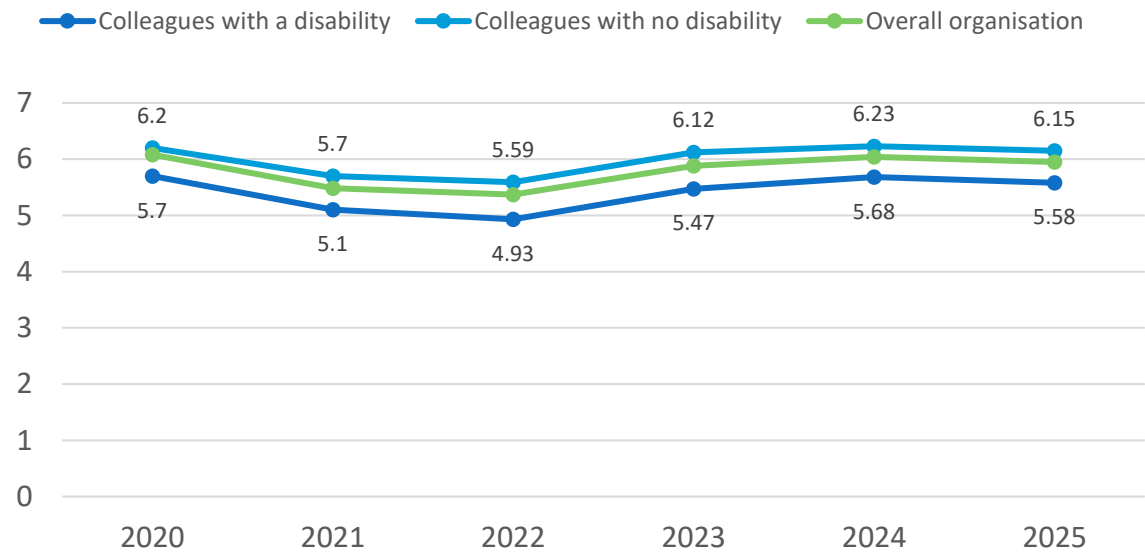
ACHIEVED TO DATE

- Continued significant improvement in the provision and recording of reasonable adjustments, with 77% of disabled colleagues now reporting that adjustments have been made to enable them to carry out their role.
- Streamlined the reasonable adjustments process and referral pathways through the launch of the Reasonable Adjustment Policy in November 2025. Maintained a dedicated £40k Reasonable Adjustments Fund to support disabled colleagues and remove barriers to employment, attendance and career progression.
- Continued delivery of monthly Reasonable Adjustments Clinics for managers and colleagues, providing practical support and advice on workplace adjustments.
- Increased the number of colleagues supported through the reasonable adjustments process from 273 in 2025 to 351 in 2026, representing a 28.6% increase in support provided.
- Launched the revised Wellbeing and Attendance at Work Policy in May 2026, including Disability Leave and a greater emphasis on individual workplace adjustments.
- Refreshed manager guidance, toolkits and supporting documentation to improve consistency and confidence in implementing policies.
- Continued use of Reasonable Adjustment Passports to support ongoing conversations between managers and colleagues.

ACTIVITY PLANNED

- Continue to monitor adjustments activity, outcomes and trends through RA dashboard
- Use colleague feedback, case studies and lived experience gathered through the Reasonable Adjustments Clinics to further improve processes and support.
- Work with the Enable Network and disabled colleagues to identify barriers and co-design further improvements to workplace support.
- Continue to support Managers with complex Attendance Management cases to ensure fairness and equality.

Indicator 9 | Staff engagement score (0-10) (aggregated score calculated from nine specific questions grouped into three themes: motivation, involvement and advocacy)



This is an aggregated score (0-10) based on motivation, involvement and advocacy from the NHS staff survey. It reflects overall staff engagement. The staff engagement score for those who declared a disability has improved from 2022 to 2024, and the gap is smaller between disabled and non-disabled staff.

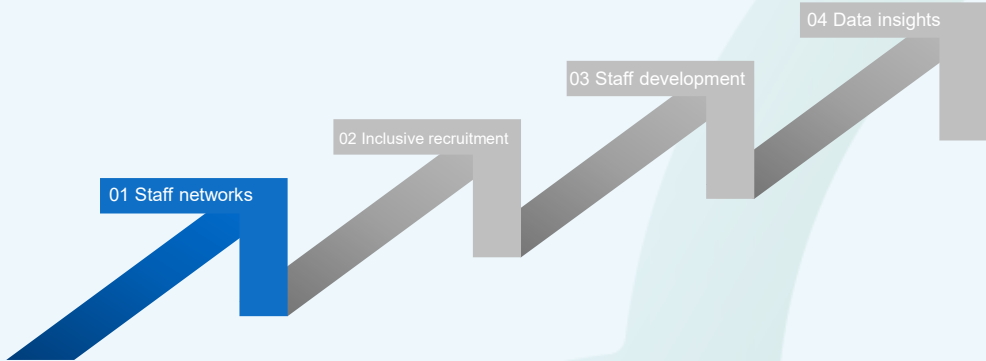
**Staff Survey results published in 2026 (2025 survey)*

ACHIEVED TO DATE

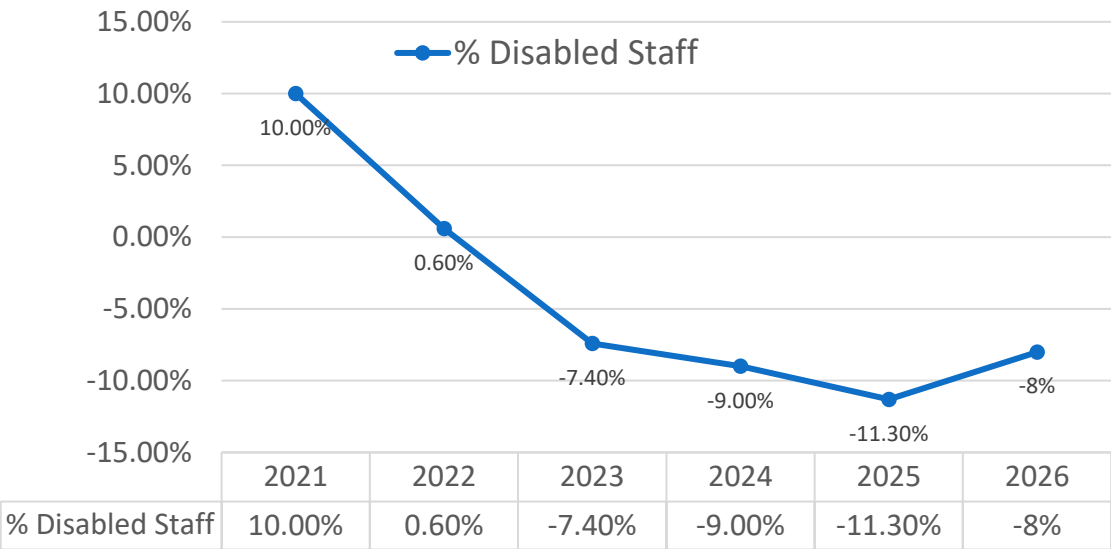
- The Engagement Framework continues to provide multiple channels for staff to share their views and engage with senior leaders, including Big Conversations, Shadow Board, Connect with the Chief, Engage with the Execs, Town Halls and Staff Networks.
- Approximately 110 patient reunions were facilitated across the Trust during the 2025/26 financial year, providing meaningful opportunities for colleagues, patients and families to reconnect and celebrate positive outcomes.
- Zone pages have been enhanced with a dedicated Engagement Hub, providing colleagues with easier access to engagement opportunities and information.
- Town Hall meetings now have guest speakers and there is an improved page on the Zone.
- All Executive Directors have now participated in the Engage with the Execs programme, with positive outcomes and actions achieved through direct conversations with colleagues.
- Staff wellbeing and engagement events, including the Carol Service and Trust Football Tournament, have provided additional opportunities to build connection and belonging across the Trust.

ACTIVITY PLANNED

- Strengthen feedback mechanisms so colleagues can clearly see the actions taken in response to engagement activity.
- Increase participation in staff networks, engagement events and leadership engagement opportunities through dedicated Communications Officer support, improved promotion via the Zone Engagement Hub, greater leadership visibility and increased accessibility of Town Halls and engagement activities.
- OUs have received their staff survey results and have been supported to identify and focus on local improvement priorities to strengthen colleague engagement and belonging.



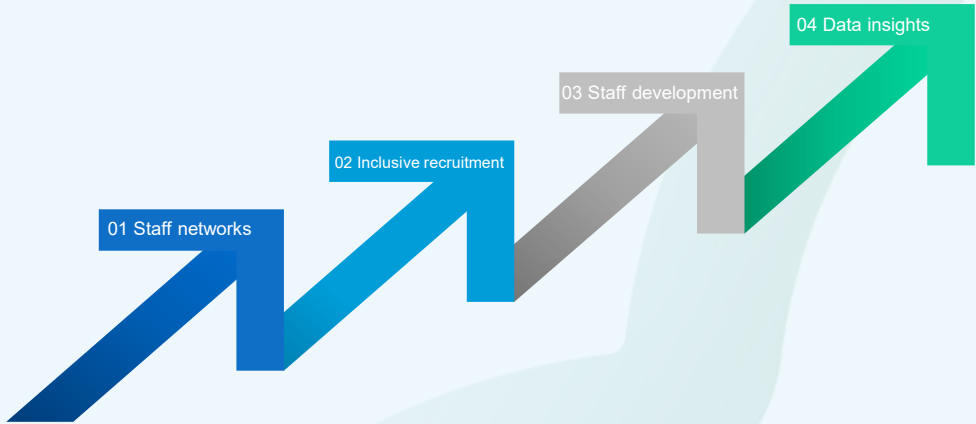
Indicator 10 | Board representation



This indicator measures whether the composition of the Board is proportionate to the workforce in terms of declared disability status. As at 31 March 2026, 13.31% of the workforce had recorded a disability on ESR, compared to 5.26% of the Trust Board. This creates a representation gap of 8 percentage points..

Closing the gap remains a key priority, with actions focused on inclusive succession planning, strengthening leadership pipelines, and embedding measurable EDI objectives for Board members. It is also important to encourage Board members to keep ESR data up to date and accurate.

*Workforce data from 31 Mar 2026



ACHIEVED TO DATE

- Increased focus on Board-level EDI objectives, including participation in reverse mentoring and disability inclusion discussions.
- Executive and Non-Executive sponsors identified for all Staff Networks.
- Board Development Days included lived experience contributions from disabled colleagues and Staff Network representatives.
- Increased Board representation through focused ESR data quality engagement and promotion of disability declaration.
- Disability inclusion, WDES outcomes and reasonable adjustments activity routinely reported through Trust EDI governance arrangements.
- Maintain Disability Confident Leader status, demonstrating the Trust's commitment to disability inclusion and best practice recruitment and employment support.

ACTIVITY PLANNED

- Strengthen talent pipelines and succession planning opportunities for disabled colleagues aspiring to senior leadership and Board-level roles.
- Expand reverse mentoring opportunities between disabled colleagues and Executive/Non-Executive Directors to increase understanding of lived experience and support inclusive leadership.
- Continue to encourage Board Members and colleagues across the Trust to ensure ESR disability data is accurately recorded and maintained.
- Promote leadership development, mentoring and career progression opportunities for disabled colleagues through targeted communications and development programmes.
- Work with the Enable Network to identify barriers to progression into senior leadership positions and co-design actions to improve representation.

Activities planned

Focus area	Next steps / activities planned	Linked WDES indicator(s)
1. Staff networks	- Continue to reduce disability non-disclosure rates through awareness campaigns and engagement facilitated by the EDI Team and enABLE Network. - Raise awareness of disabilities, long-term health conditions and neurodiversity through staff network activities, divisional engagement and manager development sessions. - Work in partnership with the enABLE Network and disabled colleagues to understand lived experience, identify barriers and co-design improvements. - Continue collaboration between Freedom to Speak Up and Staff Networks to support communities who may be less likely to raise concerns and improve confidence in speaking up. - Expand awareness of informal and formal support routes through staff network engagement activities and communications. - Launch Cohort 2 of the Reverse Mentoring Programme, increasing opportunities for disabled colleagues to influence leadership thinking and organisational culture. - Continue development of reasonable adjustments by design rather than exception, using staff network feedback to improve the colleague experience. - Increase participation in staff networks and engagement activities through dedicated communications support and improved accessibility. - Expand reverse mentoring opportunities between disabled colleagues and Executive and Non-Executive Directors to strengthen understanding of lived experience and inclusive leadership.	1, 3, 4A-D, 5, 6, 8, 9, 10
2. Inclusive recruitment	- Secure Disability Confident Level 2 accreditation by December 2026. - Continue strengthening recruitment manager training to support fair assessment of candidates with disabilities. - Attend community outreach and careers events to increase awareness of career opportunities and widen access to employment. - Strengthen relationships with Job Centres, education providers and organisations such as The King's Trust to increase access to diverse talent pools. - Continue monitoring recruitment outcomes to ensure disabled applicants continue to experience equitable recruitment outcomes. - Strengthen talent pipelines and succession planning opportunities for disabled colleagues aspiring to senior leadership and Board-level positions. - Promote leadership development, mentoring and career progression opportunities for disabled colleagues through targeted communications and programmes.	1, 2, 5, 10

Activities planned

Focus area	Next steps / activities planned	Linked WDES indicator(s)
3. Staff development	- Strengthen manager capability through training and guidance on disability inclusion, reasonable adjustments and the Wellbeing and Attendance at Work Policy. - Continue promoting early intervention and preventative support through Occupational Health, wellbeing services, workplace adjustments and HR support. - Continue embedding inclusive and compassionate leadership through refreshed leadership development opportunities and the revised Leadership Framework. - Launch the revised Freedom to Speak Up Policy to further strengthen psychological safety, inclusion and organisational learning. - Review wellbeing services to ensure they remain accessible and responsive to the needs of disabled colleagues. - Complete the Wellbeing Transformation Programme and continue improving colleague wellbeing support. - Continue supporting managers and colleagues through Reasonable Adjustments Clinics and complex attendance management cases. - Use colleague feedback, case studies and lived experience to improve reasonable adjustment processes and workplace support. - Support Operational Units to implement local staff survey improvement plans focused on engagement and belonging.	3, 4A-D, 6, 8, 9
4. Data insights	- Monitor capability outcomes by disability status and undertake detailed reviews of formal capability cases involving disabled colleagues to identify themes and opportunities for intervention. - Report disability-related capability data and actions quarterly to EMB, applying an "Explain or Reform" approach where disparities persist. - Include disability capability metrics within the EDI Dashboard to strengthen oversight, accountability and organisational learning. - Strengthen the use of "colleague voices" intelligence by integrating Freedom to Speak Up, Staff Survey, Staff Network and EDI data to identify organisational themes and drive improvement. - Track trends through the EDI Dashboard and escalate long-standing issues through established governance routes. - Monitor progression, promotion and career development outcomes by disability status through the EDI Dashboard and divisional reporting arrangements. - Report disability-related progression, promotion and capability metrics quarterly to EMB through the EDI Dashboard. - Undertake further analysis of staff survey results relating to pressure to attend work whilst unwell, identifying causes and targeted interventions. - Continue monitoring reasonable adjustment activity, outcomes and trends through the Reasonable Adjustments Dashboard. - Strengthen feedback mechanisms to demonstrate actions taken as a result of engagement and staff voice activity. - Monitor Board and workforce disability representation and support improved ESR declaration rates to strengthen data quality and reporting. - Provide quarterly EDI Plan progress reports to EMB and the People & Culture Committee, reviewing performance linked to the EDI Plan.	1, 3, 4D, 5, 6, 8, 9, 10